

# American Optometric Association NEWS



Read the  
News blog  
at [newsfromaoa.org](http://newsfromaoa.org)

Volume 50

May 2012

No. 11

## National spotlight focused on optometry as record number of AOA advocates visit Capitol Hill

The national spotlight was focused squarely on optometry as a record number of AOA doctors and students gathered in the nation's capital April 1-3 to learn more about the most pressing issues facing the profession and to urge policymakers to protect and expand access to comprehensive vision and eye health care for America's families, including

veterans, working men and women, children and seniors.

A joint effort of the 2012 AOA Congressional Advocacy Conference and State Legislative and Third Party National Conference, nearly 700 doctors of optometry and optometry students, including representatives from the National Optometric Association and the Association of Schools and

Colleges of Optometry, spread across Capitol Hill to help raise new awareness of the profession and to advance the AOA's pro-access and pro-patient agenda, including:

- ❖ Access to Eye and Vision Care – Securing full recognition for doctors of optometry in Medicaid (H.R. 1219), and full optometric inclusion in the National Health Service Corps (S. 2192, H.R. 1195), and

other federal health programs.

- ❖ Children's Vision – Ensuring America's children have the tools needed to succeed in school and later in life by fully defining the new children's vision care essential health benefit as direct access to comprehensive eye exams, follow-up care and vision correction treatment.

- ❖ Medicare – Preserving the Medicare program for current and future Medicare beneficiaries by preventing a more than 30 percent cut in payments to ODs and other physi-

cians scheduled to take effect Jan. 1, 2013.

- ❖ Patient Access/Provider Competition – Expanding access to high-quality health care services and introducing much-needed competition into the health care marketplace by fully implementing new federal provider non-discrimination safeguards (Harkin Amendment).

- ❖ Military and Veterans Health Care – Ensuring that America's military service per-

*See Capitol Hill, page 8*



### Now available! Optometry's Meeting® mobile app

Download the **Optometry's Meeting® Mobile App** today! Available on iPhone, Android, and Blackberry – keep up with the latest happenings at **Optometry's Meeting®**! Search for [www.tripbuilder.com/OM2012apps](http://www.tripbuilder.com/OM2012apps) or **OM2012**.

### Hopping to assume office of president

Ronald L. Hopping, O.D., MPH, following the footsteps of his father, will assume the office of AOA president. Dr. Hopping was first elected to the board in 2005 and will serve as president for the 2012-2013 program year.

Dr. Hopping's father, Richard Hopping, O.D., served as president of the AOA from 1971-1972.

The incoming president said, "Optometry is a great profession and is fortunate that many families have generations of practicing optometrists so it is not

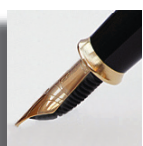
*See Hopping, page 38*



**AOAConnect®**  
OPTOMETRY'S COMMUNITY

Get Busy. Get Engaged. Get Connected!  
[connect.aoa.org](http://connect.aoa.org)

**President's Column**  
Life's little lessons



4

**Eye on Washington**  
PQRS incentives to  
optometrists top  
\$3 million



9

**Optometry Cares®**  
Optometry Hall of Fame  
announces  
2012 inductees

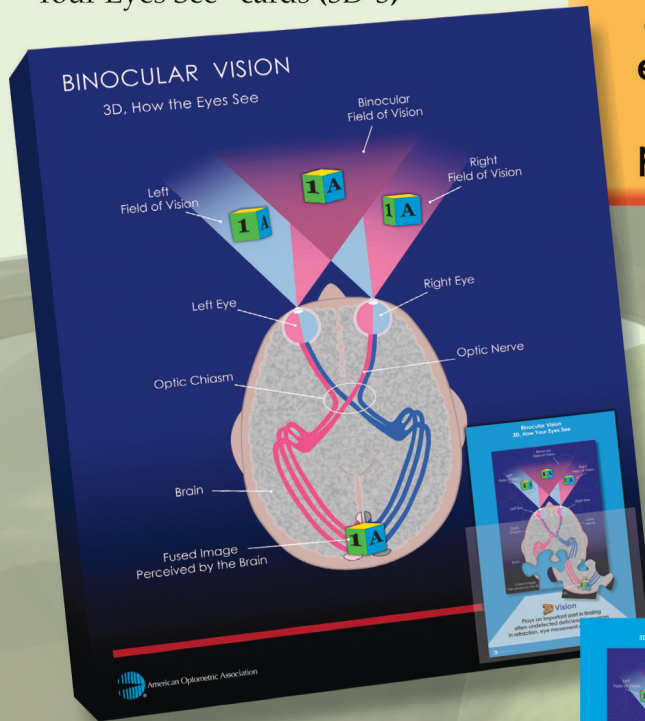


27



# There's more to 3D than meets the eye

**3D-K3** Includes 100 "3D, How Your Eyes See" cards (3D-3)



**IMPORTANT**  
public health issues  
create unique  
opportunities to  
educate patients  
and stimulate  
practice growth.

**Each  
Complete Kit  
(Canvas + Handouts)  
\$149**

**3D-K**  
Includes  
100 3D-2  
"There's  
More to 3D  
Than Meets  
the Eye"  
pamphlets



**3D-3**  
"How Your Eyes See"  
Pack of 100/\$50; 250/\$100;  
500/\$175

**3D-K4**  
Includes 1,000  
referral cards

**3D-K2**  
Includes 1,000  
referral cards



**KITS INCLUDE:**  
20"x 24" or 24"x 20" canvas,  
literature holder, **PLUS patient  
take-home material,  
as listed**

**3D-F**  
3D Hi-Def Printed Fleece –  
lightweight, easy-to-hang  
and washable, 60"x80" size  
\$99.00



**Start growing your practice today.**

Order online by visiting [www.aoa.org](http://www.aoa.org) and clicking on the online store, or call 800.262.2210.  
Visit [www.aoapracticegrowth.com](http://www.aoapracticegrowth.com) or scan the QR code to view our complete collection.

"Plus shipping & tax where applicable."





# AOA state advocacy, third-party conference tackles important issues facing profession

The 2012 AOA State Legislative and Third Party National Conference, held in conjunction with the Congressional Advocacy Conference, drew more than 150 attendees to the nation's capital last month.

Conference attendees heard from a variety of speakers invited to assist them in their efforts across the country.

"We will never have 50 state laws that look the same, but it would be great if we had 50 state laws that acted the same," said State Government Relations Committee (SGRC) member Deanna Alexander, O.D.

SGRC Chair Bobby Jarrell, O.D., and John Whitlow, O.D., SGRC member, addressed some of the many legislative threats to the profession. These include the definition of surgery, provision of eye care by physician assistants, scope review committees, eyeglass prescriptions without exams, anti-co-management bills, insurance coverage across state lines and increased use of legislative approval of board rules before finalization.

Dr. Jarrell emphasized that it's all about access.

"You can't have scope without parity, and you can't

have parity without scope," he said.

In the relationship-building session, Third Party Center Executive Committee member Peter Agnone, O.D., discussed how he achieved some recent success.

"First, you have to be persistent," he said. "We're opening doors for access for our patients."

Dr. Agnone said 98 percent of relationships start with a phone call. He urged attendees to keep in mind that key contacts may be in the benefits department or be an administrator in a plan.

In the session on Medicaid advocacy, Clarke Newman, O.D., member of both the State Government Relations Center Executive Committee and the Federal Relations Committee, noted one-sixth of Americans are on Medicaid. There were 51 million beneficiaries before the Affordable Care Act, and 26 million were added after.

Dr. Alexander discussed how optometrists can participate in the EHR incentive program.

"Optometrists are not automatically included in this program," she said. "But states and the AOA are working to make them eligible." (For more on this issue, see the April 2012 AOA News.)

The conference also

included the following sessions:

- ❖ **Essential Benefits:** Optometry's opportunity to shape the pediatric vision benefit (speakers: AOA staffers Rodney Peele, Lendy Pridgen, MPH, and Brian Reuwer)
- ❖ **Relationship Building** (speakers: Dr. Agnone, Phil Goldthwait, O.D., Russell Hopkins, O.D., Carey Patrick, O.D., and Roger Seelye, O.D.)
- ❖ **Health Care Reform:** The inclusion and integration of optometry (speakers: Dr. Jarrell and Stephen Montaquila, O.D., chair of the Third Party Center Executive Committee)
- ❖ **Medicaid Advocacy** (speakers: Dr. Alexander, Dr. Newman and David Redman, O.D.)
- ❖ **Payment & Delivery Advocacy** (speaker: Pridgen)
- ❖ **Health Insurance Exchanges** (speakers: Harvey Richman, O.D., and Gary



From left, AOA Associate Director of Advocacy and Affiliate Outreach Brian Reuwer, State Government Relations Committee member and Kansas Optometric Association Executive Director Gary Robbins, and Third Party Center Executive Committee member Harvey Richman, O.D., discuss health insurance exchanges.

Robbins)

- ❖ **Access and Reimbursement Advocacy** (speakers: Drs. Jarrell and Montaquila)
- ❖ **Patient Access to Optometry** (Gregory Caldwell, O.D., and Dr. Montaquila)

The takeaway theme for the conference was empha-

sized by Third Party Center Director Lendy Pridgen when he advised attendees to "get involved locally!"

For more information on how to get involved, contact your affiliate association or visit [www.aoa.org](http://www.aoa.org) and view resources under "State Advocacy" and "Managed Care & Insurance."



Third Party Center Executive Committee member Carey A. Patrick, O.D., speaks about relationship building.

## 2012 2013 TROPICAL CE

The Leader in Destination Education

OUR 16TH YEAR!

**2012**

- **SCOTLAND**  
June 7-17, 2012  
FAIRMONT - St. Andrews
- **2013**
- **CAP CANA, DOMINICAN REPUBLIC**  
All-Inclusive  
January 19-26, 2013  
THE SANCTUARY
- **CURACAO**  
Exotic Dutch Island  
February 23 - March 2, 2013  
MARRIOTT BEACH RESORT & EMERALD CASINO
- **PUERTO RICO**  
Family Event  
June 30 - July 7, 2013  
EL CONQUISTADOR RESORT

• **BAHAMAS**  
July 1-8, 2012  
ATLANTIS PARADISE ISLAND

- **SOUTH AFRICA**  
Bucket List Trip  
September 2013 (TBA)  
VICTORIA FALLS, CAPE TOWN, SAFARI
- **PUERTO VALLARTA**  
Low-Season Special  
November 6-10, 2013  
CASAMAGNA MARRIOTT RESORT & SPA

**FREE GIFT**  
WHEN YOU MENTION  
**PROMO CODE 2013!**

**COPE**  
APPROVED  
Enjoy earning up to  
20 hours of Cope  
approved CE

TO REGISTER: [www.TropicalCE.com](http://www.TropicalCE.com) OR **281.808.5763**





American Optometric  
Association

243 N. Lindbergh Blvd.  
St. Louis MO 63141  
(800) 365-2219  
[www.aoa.org](http://www.aoa.org)

## AOA Board

Dori M. Carlson, O.D.  
PRESIDENT

Ronald L. Hopping, O.D., M.P.H.  
PRESIDENT-ELECT

Mitchell T. Munson, O.D.  
VICE PRESIDENT

David A. Cockrell, O.D.  
SECRETARY-TREASURER

Joe E. Ellis, O.D.  
IMMEDIATE PAST PRESIDENT

TRUSTEES  
Hilary Hawthorne, O.D.  
Barbara Horn, O.D.  
Steven A. Loomis, O.D.  
Samuel D. Pierce, O.D.  
Christopher Quinn, O.D.  
Andrea Thau, O.D.

## AOA News Staff [www.aoanews.org](http://www.aoanews.org)

Tracy Overton  
MANAGING EDITOR  
[TLOVERTON@AOA.ORG](mailto:TLOVERTON@AOA.ORG)

Bob Pieper  
SENIOR EDITOR  
[RFPIEPER@AOA.ORG](mailto:RFPIEPER@AOA.ORG)

Matt Willette  
WASHINGTON DC EDITOR  
[MWILLETTE@AOA.ORG](mailto:MWILLETTE@AOA.ORG)

Laurie Bergman  
SOCIAL MEDIA MANAGER  
[LWBERGMAN@AOA.ORG](mailto:LWBERGMAN@AOA.ORG)

Bob Foster, ELS  
ASSOCIATE DIRECTOR,  
PUBLISHING/SOCIAL MEDIA  
[RAFOSTER@AOA.ORG](mailto:RAFOSTER@AOA.ORG)

Renee Brauns  
CHIEF OPERATING OFFICER  
[RABRAUNS@AOA.ORG](mailto:RABRAUNS@AOA.ORG)

Barry Barresi, O.D., Ph.D.  
EXECUTIVE DIRECTOR  
[BJBARRESI@AOA.ORG](mailto:BJBARRESI@AOA.ORG)

## Advertising

### Display Advertising

Aileen Rivera  
Advertising Sales Representative  
Elsevier  
360 Park Avenue South  
New York, NY 10010-1710  
(212) 633-3721  
Fax: (212) 633-3820  
E-Mail: [A.RIVERA@ELSEVIER.COM](mailto:A.RIVERA@ELSEVIER.COM)

### Classified Advertising

Traci Peppers  
Advertising Sales Representative  
Elsevier  
360 Park Avenue South  
New York, NY 10010-1710  
(212) 633-3766  
Fax: (212) 633-3820  
E-MAIL: [T.PEPPERS@ELSEVIER.COM](mailto:T.PEPPERS@ELSEVIER.COM)

**Change of address:** Notify publisher at least six weeks in advance, including both mailing label from the most recent issue and the new address with proper ZIP code. Acceptance for advertising for publications does not constitute approval or endorsement by the **NEWS** or the AOA. All advertising is subject to review for acceptability by the AOA Communications Group. Acceptance and/or publication of editorial material in the **NEWS** does not constitute approval or endorsement by the **NEWS**, or the AOA.



## PRESIDENT'S COLUMN

# Life's little lessons

A few years ago, AOA membership staff and volunteers were looking at some updated statistics and found a trend: New graduates were not transitioning their membership from student status to active status. Conversations ensued and one day I got a phone call suggesting, "Why don't you visit all of the schools and colleges of optometry during your years as president-elect and president? You look a little different than all the presidents that have served before you."

And so began the Dori 20/20 Tour – 20 schools in 20 months. A tour designed to raise the level of awareness of our optometric family and how important it is to be involved.

I took some ideas from a motivational poster in my bathroom and turned it into Life's Little Instructions for Optometry. I've been telling stories about optometry and the AOA ever since: **Leave the toilet seat in the down position** (I live with men!). **Treat others the way you would want to be treated** (patients are people too).

**Don't be afraid to say 'I don't know'** (my patient with a pituitary tumor was in my office again today). **Strive for excellence, not perfection** (We can't be perfect, but we can be excellent clinicians) .. and so on.

**Have big thoughts.** – I started with Pacific University (my alma mater) in the fall of 2010 and weaved my way all over the country, including Puerto Rico, and ended my tour at

THE Ohio State University. I had many adventures along the way. Stacey Liles, AOA staff, and I got lost in Oklahoma because we were too busy talking, paid an extra fine in Pennsylvania because we weren't paying attention to the toll booths, got another fine months later for an illegal U-turn late one night on the Pennsylvania Turnpike (which was caught on the traffic cam), saw the

and its state affiliates want new graduates to succeed and are willing to help but we have to remember that generational differences exist. If it can be done on a smartphone then they are more apt to do it. Some students don't use stamps anymore. They use texting as a common form of communication. In fact, some of our best evenings of conversation involved the texting of ques-

## Most of all, we listened.

Subway in Indiana where Jared ate most days to famously lose his weight, had a Garmin in French and decided I really didn't know French that well after all so convinced someone to switch it to English; had the Garmin lead us to some auto body shop in California instead of the school ...but most of all, we listened. We listened to administrators, faculty and students at each and every school.

**Keep it simple.** – make a goal. I had coffee with students on multiple occasions. It was great to hear their concerns – finding a place to work after graduation, debt repayment, and how to be involved in a profession they chose.

While all the schools have differences they still have much in common. Specifically the questions asked by students and faculty were often the same questions I heard at each of the other visits.

**Always accept an outstretched hand.** – The AOA

Sometimes we talked for close to three hours. They want a close relationship with state affiliates.

There is a pre-conceived notion that no one wants them to be involved. They were shocked when I told them all they had to do was express an interest of helping the profession. New grads are waiting to be asked to help and to join at the state level but they do want to help! And Facebook is king. In fact, most of my friends on Facebook are optometry students. As I debated about what to include in this editorial, I posed the question on Facebook and immediately had responses.

**Live your life as an exclamation, not an explanation.** – At each visit I challenged students to make a difference. This year we had a record-setting 700 people hit Capitol Hill advocating for optometry – 300 were students who primarily funded their own way to the meeting. The visual of almost more students than



Dr. Carlson

doctors was incredible and a real sign that the future of our profession is in good hands.

**Leave everything better than you found it – specifically leave optometry better than the way you found it.** – I've often joked that the tour concept seemed like a good idea at the time until I got into the logistics of the travel schedule it required, but I wouldn't have missed it for the world.

It was truly the best part about being president and I'm going to miss this part of being involved in the AOA. Time will tell if I've made a difference and helped to raise the awareness of the importance of being involved in our profession. But, isn't that what really matters in life... being part of a family and feeling like you made a difference?

To all my friends I met in school these past two years – I am proud to call you my colleagues. You WILL make a difference!

*Dori M. Carlson, O.D.*

Dori Carlson, O.D.  
AOA president

American Optometric Association News (ISSN: 0094-9620) is published 12 times per year by the American Optometric Association

243 N. Lindbergh Blvd., St. Louis, MO 63141

Business, Editorial, Accounting and Circulation Office:

243 N. Lindbergh Blvd., St. Louis, MO 63141

Domestic subscriptions: \$123. International subscriptions: \$171.

Customer service: 800-365-2219 (US and Canada) or 314-991-4100 (other countries).

Periodicals postage paid at St. Louis, MO, and at additional mailing offices.

POSTMASTER: Send address changes to American Optometric Association News,  
243 N. Lindbergh Blvd., St. Louis, MO 63141-7881





# ODs earn \$21 million in Medicare EHR incentives

Optometrists earned more than \$21 million in top-level bonuses during the first year of the Medicare Electronic Health Records (EHR) Incentive Program, according to the latest in a series of monthly reports from the U.S. Centers for Medicare & Medicaid Services (CMS).

Since the EHR incentive program was launched on Jan. 3, 2011, some 6,389 optometrists have registered to participate, according to the CMS.

Preliminary data for 2011 show the CMS had issued \$21,546,000 in EHR incentives to 1,197 optometrists – all of whom received the program's maximum \$18,000 first-year payment – by the end of an extended reporting period that closed Feb. 29, 2012.

However, the report suggests the CMS may not finish issuing 2011 incentive payments until sometime this month and many optometrists around the nation may still have payments coming, according to the AOA Advocacy Group.

"America's practicing optometrists should be commended for their leadership in the implementation and use of electronic health records," said AOA President Dori Carlson, O.D. "Over the past three years, the AOA and its affiliated state optometric associations, through the EHR Preparedness Program for Optometry, have worked hard to provide optometrists with the information they need to find appropriate EHR systems, master the steps necessary to meet government standards for the 'meaningful use' of EHRs in patient care, and qualify for EHR incentive program bonuses. Thousands of optometrists are responding in a timely fashion to take advantage of an opportunity that will benefit their patients and their practices."

Optometrists were nearly excluded from the

Medicare EHR incentive program, Dr. Carlson added. Lawmakers amended the program at the last minute as the result of an extensive lobbying effort by the AOA Advocacy Group.

That is ironic, Dr. Carlson feels, in light of the interest optometrists have since shown in EHRs and the program.

Overall, optometrists rank seventh among physician specialties in both the number of practitioners earning incentives and the total dollar amount of incentives received, Dr. Carlson noted.

They also continue to be the leaders in EHR utilization among eye care practitioners. The CMS report

finds 690 ophthalmologists have qualified for Medicare EHR incentives to date.

Statistics released by the CMS do not include optometrists enrolled in Medicaid EHR Incentive programs, Dr. Carlson noted. Optometrists can now qualify for Medicaid EHR incentives in at least five states (see *AOA News*,

April).

The CMS appears to be issuing Medicare EHR incentives first to practitioners who are known to have qualified for the program's maximum \$18,000 payment, Dr. Carlson noted.

The Medicare EHR incentive program rewards

*See EHR, page 12*

## Advertorial

### Getting Patients to Comply with Lens Replacement

Craig Wood, OD

What many patients fail to recognize is the correlation between reduced contact lens satisfaction and over-extending the life of their contact lenses. We have many patients who have grown frustrated with their contact lenses and inquire about laser vision correction or consider giving up on lenses all together. I like to ask these people about their lens replacement habits, lens care solutions they have used, and how often they sleep in their lenses. This can open dialogue and it's evident that most patients really don't want to give up their contact lenses – they just want something that works for them. So we take these as opportunities to educate patients on preferred lens replacement schedules and appropriate lens care solutions.

I don't believe there is one single indicator that will tell if a patient is being compliant with lens replacement. Certainly I look at their chart and take note of how long it has been since their previous visit. My staff will also make notations in the chart indicating the

number of boxes of lenses that have been ordered. But with the presence of online ordering and big box stores selling lenses – it can be hard to gauge how frequently someone is actually replacing lenses.

I comment to the patient when they are in the exam chair about the presence of neovascularization or other microscopic changes that I may see and use that as a point of discussion. One tool I use extensively in my practice is corneal topography. We obtain topographies on all of our contact lens patients and then compare these scans annually. This is a great way for the doctor to point out subtle (and sometimes not so subtle) changes in the corneal shape and emphasize the medical nature of what happens to the eye when wearing contact lenses. I often use the evidence of topographical change to refit patients to a different lens.

In my practice the most compliant patients are our daily disposable lens wearers.

Compliance diminishes with 2 week replacement lens

wearers because they simply forget when to replace them. With DAILIES® brand lenses, it is quite obvious that they need to be replaced daily and when they aren't, the lenses become uncomfortable. With monthly replacement lens wearers, it is easy for people to associate paying their bills, or using the 1st of each month as a reference point to remind them to change their lenses. If you ask wearers of 2 week replacement lenses, they will often state they simply forget when to replace the lenses.

I follow the manufacturer's recommended replacement schedule almost without fail and I review the replacement schedule when discussing contact lens care with my patients during the annual exam. I have also trained my staff to remind the patients of proper lens replacement when they are discussing lens care solutions. We have our patients return for a one-week contact lens check and at that time again reinforce when to replace their lenses.

Sponsored by

**Alcon**

POW12033AD



# Loomis files for re-election

Steven A. Loomis, O.D., has filed for election as AOA secretary-treasurer. He currently serves as a trustee and is a past chair of the AOA State Government Relations Center (SGRC), Oversight Board, AOA Health Care Legislative Committee (HCLC) and the Resolutions and the Legal Defense Fund Oversight committees.

Dr. Loomis serves as the liaison trustee to the Advocacy Group Executive Committee, Community Health Center Committee, Federal Legislative Action Keyperson Committee, Federal Relations Committee, Legislative Action Response Committee, Professional Relations Committee, State Government Relations Center Executive Committee, and as a member of the Legislative Action Response Team and Optometry Awareness and Public Affairs Committee.

He has previously served as liaison trustee to the Professional Relations Committee, Paraoptometric Group Executive Committee, Commission on Paraoptometric

Certification and Paraoptometric Section.

Dr. Loomis attended Montana State University and received his optometry degree from Pacific University College of Optometry. Shortly after graduation, he began practicing with Kaiser Permanente in Colorado. After 19 months at Kaiser, he opened a private practice in Littleton, Colo., now known as Mountain Vista EyeCare where he continues to practice today with his two partners, Kent Yount, O.D., and Tara Peterson, O.D., and associate, Mark Kruchen, O.D.

Since entering optometry, Dr. Loomis has been an active volunteer. He has worked on numerous committees within the Colorado Optometric Association (COA) and served as secretary-treasurer and president of the COA. He served as legislative chair, testifying on optometry's behalf and negotiating with ophthalmology during scope expansion. He chaired the Children's Vision Task Force, which developed the goals for children's vision programs in Colorado. In 1994,



Dr. Loomis was appointed to serve on the Board of Trustees of the Southwest Council of Optometry and later became president of the Southwest Council.

He is a past president and board member of the Denver Southwest Rotary Club and became a Paul Harris Fellow in 1990. He was elected to the Board of Elders for Southern Gables Church and has been chair of its board for six years.

Dr. Loomis and his wife of 35 years, Kathy, have three adult children, twin granddaughters and one more grandchild on the way. They live in Roxborough Park, Colo.

## Layman announces candidacy for trustee

Robert Layman, O.D., of Toledo, Ohio, and 2006 AOA Optometrist of the Year, announced his candidacy for the AOA Board of Trustees.

Dr. Layman is a member of the AOA Membership Development Committee. He served as moderator of the AOA Presidents' Council from 2001 to 2011.



Dr. Layman is the optometric liaison to the Northwest Ohio Regional Extension Center/Health Information Partnership. He is a member of the Ohio Optometric Association (OOA) Electronic Health Records Task Force. He presents Ohio's Realeyes Classroom Initiative curriculum to classrooms in schools in his community; Realeyes advocates for the importance of a lifetime of eye and vision care. He is Keyperson for U.S. Rep. Marcy Kaptur. He chaired the EastWest Eye Conference from 2009-11. He is a past president of the OOA and has received the Ohio Optometrist of the Year, Young Optometrist of the Year, and Outstanding Senior Student awards.

Dr. Layman chaired the Diabetes Project Team, Optometric Executives Project Team, Membership & Information Services Group Executive Committee, Non-Dues Income Committee, and Assistance to Graduates Project Team.

He has been a member of the AOA Clinical Care Group Executive Committee, Glaucoma Project Team, Communications Technology Project Team, Student Membership Project Team, Membership Development Committee, Program Planning Committee for the AOA Board of Trustees, New Practitioners Practice Management Advisory Committee, Optometric Executive's Project Team, and the Resolutions Committee for the 1995 AOA Congress. He is a charter member of the AOA Contact Lens Section and has been a participant in the AOA Leadership Institute.

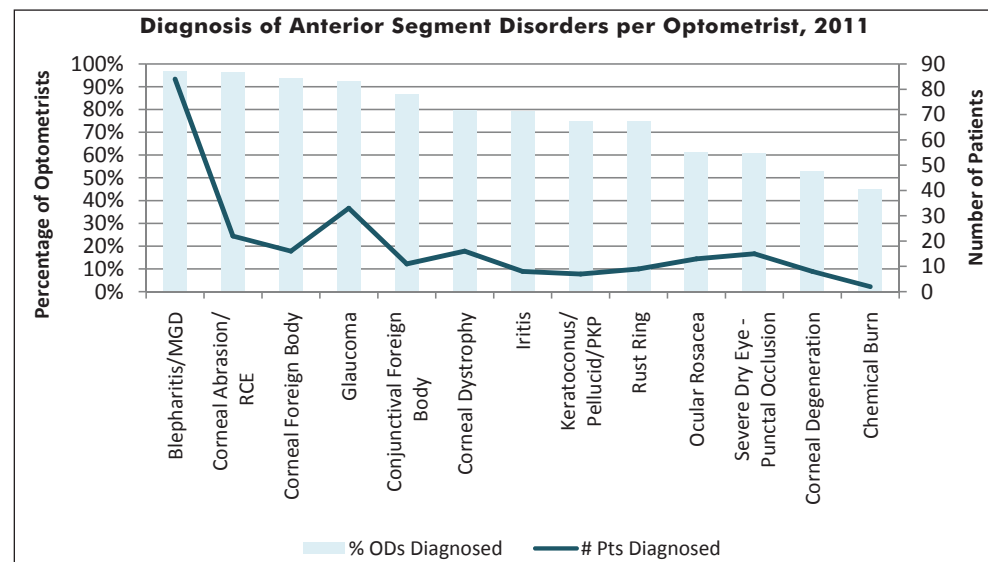
Dr. Layman is a graduate of The Ohio State University College of Optometry and has served on the alumni board of Epsilon Psi Epsilon Fraternity and on the board of trustees of The OSU Optometry Alumni & Friends. He was class president, American Optometric Student Association chapter president, and served on the Dean's Advisory Council.

Dr. Layman is past president of the Toledo Jaycees, Kiwanis Club of West Toledo, and the Downtown Toledo Business Network International chapter. He is a vision consultant for the University of Toledo athletic department, assistant scoutmaster of Boy Scout Troop 87, and serves on the YMCA Board of Managers. He has been a volunteer with the Mildred Bayer Homeless Clinic of Toledo, instructor at Owens Technical College of Toledo, and on the board of St. Paul's Lutheran Church. He is a long-distance runner and raised funds for the Prevent Blindness Disney Marathon in 2001.

Dr. Layman is an owner of Pinnacle Eye Group in Toledo, Ohio, and Lambertville, Mich. He and his wife Barb have four children, Robbie, age 22, Kristi, age 20, Molly, age 16, and Andrew, age 14.

### OPTOMETRY FACTS IN FOCUS

According to the 2011 Clinical Practice Survey, optometrists' diagnosis of anterior segment disorders has increased (20.5%) since 2006. Blepharitis/Meibomian gland dysfunction (MGD) was the most frequently diagnosed disorder by optometrists in 2011 and as seen in the chart, was the leading disorder diagnosed among patients. Glaucoma was the second highest reported among patients diagnosed.



Source: AOA Research & Information Center, 2011 Clinical Practice Survey. "RIC@aoa.org"

Visit [www.aoa.org/2011Clinical](http://www.aoa.org/2011Clinical) to read the Executive Summary and learn how you can obtain full results from the 2011 Clinical Practices Survey.



# AOA leaders among U.S. representatives at international meeting on standards

**A**OA Commission on Ophthalmic Standards (CmOS) representatives Karl Citek, O.D., Ph.D., and William Brown, O.D., Ph.D., joined delegates from around the world this spring at a week-long meeting of the International Organization for Standardization (ISO) Technical Committee 172

patients receive quality products that will perform as intended. Second, standards act as guidelines for practice. This ensures that doctors perform techniques and procedures that are consistent with the current level of care necessary to treat patients with particular conditions.”

The meeting was held in Milan, Italy, and covered a

topographers, axial length measurement, reporting aberrations of the eye, and developing new standards for optical projectors and electronic displays for acuity charts, and correlation of chart optotypes.

Dr. Brown was named the project leader and will spearhead work on these topics.

*“The AOA’s participation in such meetings is critical to ensure the safety of our patients, the integrity of our practices, and that any new developments become available to U.S. doctors in a timely manner.”*

(TC172) Subcommittee 7 (SC7) on Ophthalmic Optics and Instruments.

The ISO network develops and publishes international standards and includes 163 countries. Drs. Citek and Brown represented the United States.

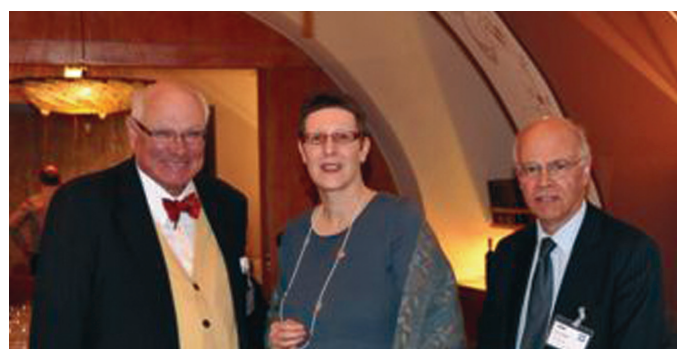
“Standards serve two primary purposes,” said Dr. Citek, who chairs the CmOS. “First, standards define requirements and set tolerances for manufacturing of products. This ensures that

wide variety of topics such as technical reports on free-form lens technology, ocular hazards of ultraviolet (UV) and short-wavelength visible radiation, enhanced abrasion resistance, reviews of standards for focimeters, intraocular lenses, contact lenses and contact lens care products, semi-finished and finished lenses, frame specifications and measurement, electronic frame catalogue, ophthalmometers, optical coherence tomography, corneal

“It is important for the AOA, through its member representatives on CmOS, to participate in both national and international standards meetings,” said Dr. Citek. “Many of the standards discussed in Milan, for example, apply to products and instruments that are supplied to U.S. doctors by multinational corporations that adhere to the respective standards. Likewise, U.S. doctors need to be aware of the evolution of patient care, as we



**U.S. delegates at the ISO meeting included, first row from left, Neil Roche, Charlie Campbell, M.D., Jeff Endres, and Allen Krisiloff; second row from left, Bill Brown, O.D., Ph.D., Dick Whitney, Ken Frederick, and Karl Citek, O.D., Ph.D.**



**At left, Tom White, M.D., chair of the ANSI Z80 Committee, with international delegates at a hosted dinner at the ISO meeting in Milan, Italy.**

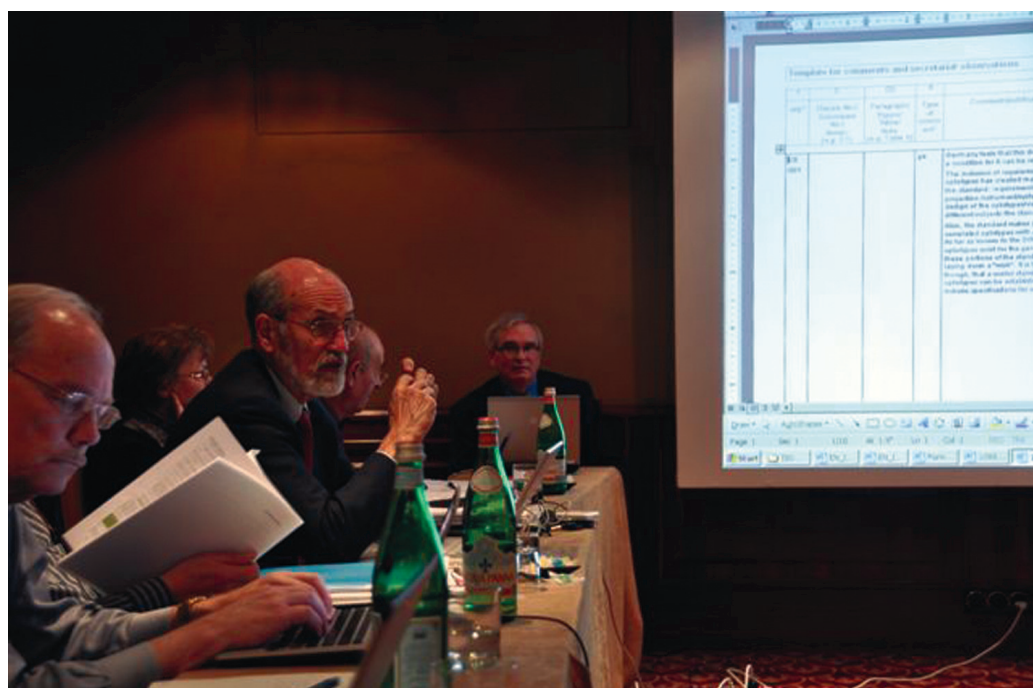


**More than 100 delegates from the international community, including most European nations, China, Japan, Australia, and the United States, attended the ISO TC172/SC7 meeting in Milan, Italy, March 12-16. Shown here is the opening plenary session.**

gain new understanding of conditions and incorporate the use of improved, enhanced, and novel techniques and instruments into our examination procedures. The AOA’s participation in such meetings is critical to ensure the safety of our

patients, the integrity of our practices, and that any new developments become available to U.S. doctors in a timely manner.”

Future meetings of ISO TC172 SC7 will be held in Berlin in fall 2013 and China in spring 2015.



**At right, AOA Commission on Ophthalmic Standards representative Bill Brown, O.D., Ph.D., presents a project group report on visual acuity charts. Also shown are U.S. delegates, from left, David Sliney, Ph.D., and Charlie Campbell.**



## Capitol Hill,

from page 1

sonnel and veterans are not denied or forced to wait unnecessarily for the eye and vision care that they need and deserve.

❖ **InfantSEE®** – Supporting optometry’s sight-saving and potentially life-saving public health and education initiative that offers comprehensive eye and vision assessments for infants at no cost ([www.InfantSEE.org](http://www.InfantSEE.org)).

While the main effort was aimed at maximizing the valuable time spent advocating for optometry’s future in the offices of nearly every lawmaker in the U.S. House of Representatives and U.S. Senate, prior to departing for Capitol Hill, optometry’s front-line advocates heard directly from leaders on the forefront of efforts to implement the Affordable Care Act (ACA).

Steve Larsen, J.D., U.S. Department of Health & Human Services Deputy administrator and director of the Center for Consumer Information and Insurance Oversight, spoke of the leading role his office is playing in implementing much of the ACA.

Larsen also stressed doctors of optometry could and should play a larger role in coming changes to health care payment and delivery and urged continued engagement by the profession.

Mike Kreidler, O.D., former member of Congress and Washington State Insurance commissioner, spoke of his key role in implementing the new health overhaul law on the state level.

Dr. Kreidler also reinforced the importance of fully implementing new federal provider non-discrimination safeguards (Harkin Amendment) as well as the new children’s vision essential health insurance benefit, which is expected to provide more than 10 million children with new access to comprehensive vision and eye health care.

Nancy Nielsen, M.D., Ph.D., senior adviser at the Center for Medicare and Medicaid Innovation, provided attendees with valuable information on the important work she and her federal agency colleagues are doing to develop new health care delivery and payment models.

After hearing directly from conference attendees on the primary care role that optometrists play, Dr. Nielsen encouraged ODs to get more involved in new care delivery models, such as Accountable Care Organizations (ACOs).

A treat for insiders and novices alike, attendees heard from NBC News’ Chuck Todd and engaged the White House correspondent on the most pressing issues of the day.

Responding directly to questions from dozens of doctors and students, Todd shared his thoughts on the ongoing Supreme Court review of certain provisions of the health reform law and spoke to the state of the race for the White House and control of Congress.

“The size and scope of our 2012 Congressional Advocacy Conference and the concurrent State Legislative

and Third Party National Conference – the biggest optometric advocacy event ever – reflects the growing resolve of this profession to be listened to and heeded as important health care policy decisions are being made in the nation’s capital,” said Dori Carlson, O.D., AOA president.

“We could not be more proud of the doctors and students who have sacrificed time with their practices, families, and studies to be here in the nation’s capital to help put a national spotlight on optometry, on patient access issues and on the importance of comprehensive eye and vision care in a way that’s never been accomplished before,” Dr. Carlson added.

“Optometry’s growing national presence and prowess in Washington, D.C., is a direct reflection of the important and ever-expanding role that doctors of optometry play in the delivery of health care in America,” said Ron Hopping, O.D., MPH, AOA president-elect.

“It gives me great hope for the future of our profession when I look back over the last few days and count the record number of optometry students – more than 300 in all – here in attendance,” Dr. Hopping added. “Together, we extended our reach to nearly every House and Senate office. Now, the real work begins and we must again commit to sustaining our increased momentum and building new support for our pro-patient, pro-access agenda.”

To learn how you can help support the ongoing work of optometry’s grassroots army of concerned doctors and students, contact the AOA Washington office at 800-365-2219 or [ImpactWashingtonDC@aoa.org](mailto:ImpactWashingtonDC@aoa.org). For full coverage of the 2012 AOA Congressional Advocacy Conference, including video highlights and a powerful advocacy message from AOA volunteer leaders and Dr. Kreidler, please visit the AOA’s Health Care Reform page at [www.aoa.org/reform](http://www.aoa.org/reform).



From left, HHS Deputy Administrator Steve Larsen, J.D., Washington State Insurance Commissioner Mike Kreidler, O.D., AOA President Dori Carlson, O.D., and James Devleeming, O.D., of Optometric Physicians of Washington.



NBC News Political Director, White House Correspondent, and host of MSNBC’s “The Daily Rundown,” Chuck Todd.



From left, David Free, O.D. (Tulsa), Ryan Fenska, O.D. (Tahlequah), Jari Frazier, O.D. (Hobart), Blake Carlisle (NSUOCO student), and Russell Hopkins, O.D. (Kingfisher) represented Oklahoma at the U.S. Capitol during the AOA Congressional Conference.

**AOA Trustee Andrea Thau, O.D., with students from the State University of New York (SUNY) State College of Optometry.**







# PQRS incentives to optometrists top \$3 million

The Medicare Physician Quality Reporting System (PQRS) issued more than \$3 million in incentive payments to optometrists during 2010, according to latest in a series of reports on the program from the U.S. Centers for Medicare & Medicaid Services (CMS).

Nearly one in 10 (9.9

percent) optometrists who saw Medicare patients during 2010 earned a PQRS quality bonus, according to the CMS.

*Optometry ranked sixth among 42 health care professions in terms of the number of the practitioners participating in the program.*

Those optometrists received an average (mean) payment of \$1,107.59, according to the report.

In all, optometrists received a total of \$3,387,013 in PQRS quality bonuses for 2010.

“The statistics confirm that a growing number of optometrists are taking part in the PQRS as means of both enhancing their practice income and demonstrating the quality of care they provide,” said AOA President Dori Carlson, O.D.

“Understanding and participating in such quality reporting systems will be increasingly important as Medicare – and other health insurers – move to ‘value-based’ or ‘pay-for-performance’ reimbursement.”

Introduced in 2007 as the Medicare Physician Quality Reporting Initiative (PQRI), the PQRS is a voluntary program that provides health care practitioners bonuses, based on a percentage of their total Medicare approved charges for the

year, when they report taking designated measures, determined by the CMS to enhance quality of care, for specified numbers or percentages of Medicare patients.

PQRS Measure 14 [Age-Related Macular Degeneration (AMD): Dilated Macular Examination] was the care

measure most often reported by optometrists during 2010 (see box).

Optometry remains among the top health care professions in PQRS participation, the CMS noted (see table below). Optometry ranked sixth among 42 health care professions in terms of the number of the practitioners participating in the program. It ranked 10th in the percentage of practitioners participating.

Ophthalmologists – who, thanks to their sizeable surgical reimbursements,

stand to realize up to six times the bonuses earned by primary care practitioners under the program – ranked fifth.

Of the 31,028 optometrists who saw Medicare patients during 2010, some 6,949 – more than one in every five – participated in the PQRS program. About half (3,084) of those optometrists earned quality bonuses through the program.

Incentive payments issued to optometrists through the PQRS ranged from as little as \$1.29 to as much as \$22,413.63. The median payment was \$599.54.

The PQRS quality bonus for 2010 was set at 2 percent of the qualifying practitioner’s total Medicare allowed charges for the year. The bonus was reduced to 1 percent for 2011 and has been set at 0.5 percent for 2012, 2013, and 2014.

However, health care practitioners can earn an extra 0.5 percent this year through the PQRS maintenance of certification (MOC) program. Optometrists holding American Board of Optometry (ABO) certification can qualify for the bonus.

The ABO is one of the few health care specialty certification boards recognized under the PQRS maintenance of certification program, the AOA Advocacy Group notes.

Practitioners can qualify for PQRS bonuses by reporting quality measures on Medicare claims or through designated registries.

The vast majority of participating optometrists reported PQRS measures on

claims during 2010, according to the CMS report.

The AOA Practice Advancement Committee has prepared a guide to participation in the 2012 PQRS program. The guide appeared in the March AOA News. AOA members can also access the guide, as well as the AOA’s 2012 PQRS Eye Care Measures for Optometrists chart, on the AOA website ([www.aoa.org/PQRS](http://www.aoa.org/PQRS)).

## Top five PQRS measures submitted by optometrists

- 1 - Measure 14 – Age-Related Macular Degeneration (AMD): Dilated Macular Examination
- 2 - Measure 12 – Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- 3 - Measure 117 – Diabetes Mellitus (DM): Dilated Eye Exam in Diabetic Patient
- 4 - Measure 18 – Diabetic Retinopathy: Documentation of Presence or Absence of Macula Edema and Level of Severity of Retinopathy
- 5 - Measure 140 – AMD: Counseling on Antioxidant Supplement [e.g.: per Age-Related Eye Disease Study (AREDS) recommendations]

## PQRS top 10 health care professions

Health profession	Eligible Professionals	Eligible Professionals who Participated	% of Eligible Professionals who Participated
Emergency Medicine	49,278	32,030	65.0%
Anesthesiology	42,125	20,040	47.6%
Family Practice	91,533	14,778	16.1%
Radiologist	37,511	14,554	38.8%
Internal Medicine	92,424	14,427	15.6%
Nurse Anesthetist	41,199	14,274	34.7%
Physician Assistant	41,876	9,529	22.8%
Others	43,711	7,595	17.4%
Ophthalmology	18,917	7,555	39.9%
Optometry	31,028	6,949	22.4%

Health care specialties with the largest number of eligible professionals who participated in the Medicare Physician Quality Reporting System in 2010 by reporting individual quality-of-care measures on claims.



# ODs net \$2 million in Medicare eRx incentives

**T**he Medicare Electronic-Prescribing (eRx) Incentive Program issued bonus payments totaling \$2,304,808.70 to optometrists during its second year, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Optometrists who qualified for payments through the program during 2010 received an average of \$2,462.40.

Incentive payments to optometrists ranged from \$96.99 to \$23,277.04. The mean payment was \$1,859.56.

In all, some 936 optometrists earned eRx bonuses during the program's second year.

The Medicare eRx Incentive Program offers

bonus payments to health care practitioners who issue pharmaceutical prescriptions electronically at least 25 times over the course of a calendar year and report their e-prescribing through special registries or on Medicare claims using a spe-

set at 2 percent.

To participate in the program, a practitioner must install an eRx software system certified for use in the program.

The system can be free-standing or part of an electron-

– some 3,084 practitioners – took part in the Medicare eRx incentive program by submitting the eRx billing code at least once during the year.

That was about the same rate of participation as during the program's first year.

\$609 by meeting the eRx program criteria, according to the CMS reports.

"E-prescribing is an excellent way to introduce digital health information technology in a practice," Dr. Gross said. "Electronic prescribing is required as part of the 'meaningful use' criteria that must be met to qualify for the very substantial payments that can be obtained through the Medicare EHR Incentive Program."

"More importantly, electronic prescribing will be increasingly expected of all health care practices over the coming years. Optometric practices must e-prescribe to remain an integral part of the nation's health care system," Dr. Gross said.

While optometrists have in many respects been early leaders in e-prescribing (ranking sixth in the number of participating practitioners during the first year of the Medicare eRx program) other health care professions are rapidly adopting the technology.

Across all health care professions who serve Medicare patients, 16.2 percent of practitioners took part in the eRx incentive program in 2010. Among ophthalmologists, the participation rate was 33 percent.

As part of its "Navigating Meaningful Use, Quality Reporting, and e-Prescribing with Electronic Health Records (EHRs)" continuing education program, the AOA HIT Subcommittee will offer its "Physician Quality Reporting System (PQRS) and e-Prescribing Made Easy" course at Optometry's Meeting® and about 20 state optometric association meetings this year to help optometrists implement e-prescribing in their practices.

"Physician Quality Reporting System (PQRS) and e-Prescribing Made Easy" explains how EHR systems can facilitate participation on the Medicare PQRS or other quality reporting programs.

The CMS complete PQRS/eRx 2010 Experience Report can be accessed online at <http://tinyurl.com/cngnxxp>.

*The typical optometrist who sees Medicare patients could qualify for a bonus of \$609 by meeting the eRx program criteria.*

cial billing code (G8553).

Medicare e-prescribing bonus payments are based on a percentage of the practitioner's total Medicare allowed charges for the year. The eRx bonus for 2010, as during 2009, was

ic health records package.

Practitioners are not required to register for the program.

About one in every 10 (9.9 percent) of the 31,106 optometrists who saw Medicare patients during 2010

However, only about a third (30.4 percent) of the optometrists who took part in the eRx incentive program during 2010 qualified for bonuses, compared with 56.3 percent (1,562 practitioners) during the first year of the program.

The CMS' 2010 Experience Report for the PQRS and eRx programs, released last month, does not specifically explain why.

However the report shows that the average eRx bonus issued for an optometrist nearly doubled to \$2,462.40 in 2010 from \$1,265.87 in 2009, and total payments to optometrists increased more than \$300,000 to \$2,304,808.70 in 2010 from \$1,973,493.

That suggests a smaller number of optometric practices with large Medicare patient bases were more successful in pursuing eRx bonuses during the program's second year, according to the AOA Health Information Technology (HIT) Subcommittee.

Optometrists are exempt from Medicare payment reductions that will be imposed beginning this year on practitioners who fail to e-prescribe, the AOA Advocacy Group notes (see related article).

Nevertheless, AOA HIT Subcommittee Chair Philip Gross, O.D., believes virtually all optometric practices should be e-prescribing and pursuing bonuses through either the Medicare eRx incentive program or federal EHR incentive programs.

The typical optometrist who sees Medicare patients could qualify for a bonus of

izing those for whom the adoption and use of an electronic prescribing system may be impractical given the low volume of prescribing," CMS officials said in their *Federal Register* notice.

The rule could potentially save some optometrists who do not generally prescribe pharmaceuticals, or do not prescribe them electronically, hundreds of dollars in Medicare payment penalties, the AOA Advocacy Group noted. The CMS plans to reduce payments to non-e-prescribers by 1 percent in 2012, 1.5 percent in 2013; and 2 percent in 2014.

However, the exemption has been the source of some concern for the AOA Washington office. The AOA Advocacy Group fears the rule could serve to undermine the status of optometrists as Medicare-recognized physicians, who under federal law must be reimbursed by the government health plan for all covered services within their scope of practice at the same reimbursement levels as other practitioners who might provide those services.

Even without the exception provided in this year's Medicare payment policy rule, most optometrists would have avoided the payment reductions by using a special billing code to indicate they do not have prescriptive authority or applying for a hardship exemption, allowable under the incentive program, AOA Advocacy Group staff notes.

The Medicare Program, Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for Calendar Year 2012 can be accessed online at [www.gpo.gov/fdsys/pkg/FR-2011-11-28/html/2011-28597.htm](http://www.gpo.gov/fdsys/pkg/FR-2011-11-28/html/2011-28597.htm).

## ODs exempt from eRx penalties

Optometrists, like many other health care professionals, can earn Medicare payment bonuses for prescribing pharmaceuticals electronically; however they will not be subject to Medicare payment reductions for failure to e-prescribe (eRx), according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Under its Medicare Electronic Prescribing Incentive Program, the CMS this year began reducing the reimbursements of most health care practitioners who did not e-prescribe over the course of the previous year. The agency plans to continue docking the payments of non-e-prescribing practitioners at least through the end of 2014. However, the downward payment adjustments will be restricted to doctors of medicine, doctors of osteopathy, podiatrists, nurse practitioners, and physician assistants, the CMS emphasized when it announced its 2012 Medicare fee-for-service reimbursement rules earlier this year.

The move is designed to encourage the implementation of e-prescribing systems across the health care system by making incentives available to as wide a range of health care practitioners as possible without subjecting them to penalties if they cannot appropriately use their eRx systems at the levels anticipated under the incentive program, CMS officials said.

"In general, we believe that an incentive should be broadly available to encourage the widest possible adoption of electronic prescribing, even for low-volume prescribers. On the other hand, we believe that a payment adjustment should be applied primarily to assure that those who have a large volume of prescribing do so electronically, without penal-



## CMS targets medical ID theft

The U.S. Centers for Medicare & Medicaid Services (CMS) is launching a drive to help keep health care practitioners from becoming victims of identity theft.

"Fraud affects everyone," noted Peter Budetti, M.D., J.D., the CMS Deputy Administrator for Program Integrity, on the agency's blog last month.

Identity theft has become a major concern for virtually all segments of modern society, the CMS noted. In the course of its ongoing efforts to fight fraud and abuse in the Medicare system, the CMS frequently encounters cases in which patients are victims of identity theft. However, health care practitioners are also vulnerable to a type of fraud called "medical identity theft," Dr. Budetti emphasized.

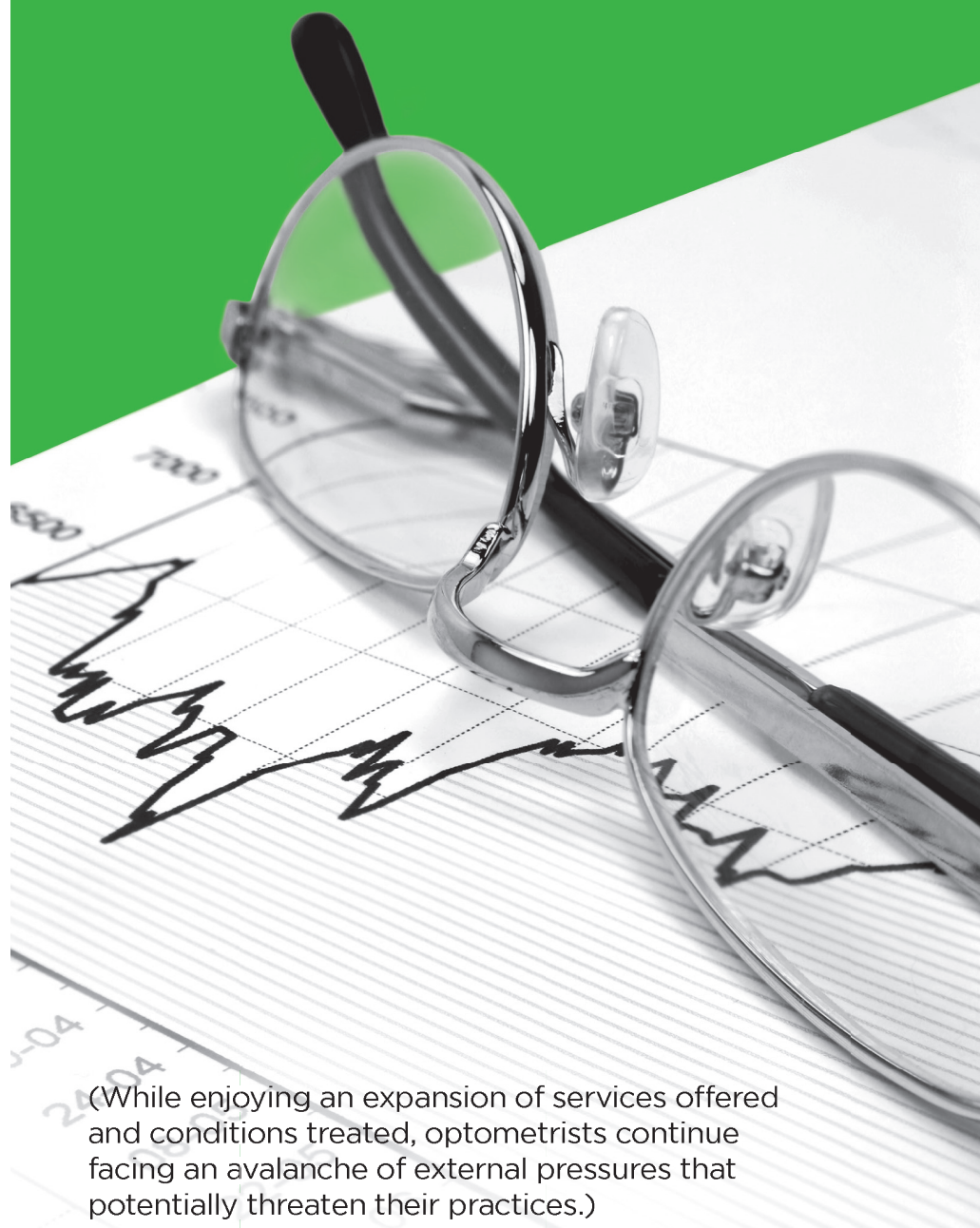
"Medical identity theft happens when a fraudster uses your unique medical identifiers to bill insurance for items or services that you never provided or prescribed. Examples of these medical identifiers could be your National Provider Identifier (NPI), Tax ID Number (TIN), and medical licensure information. You pay for this kind of fraud with increased financial liabilities – you may be expected to pay taxes on earnings you never received, or repay insurance companies for payments on items or services that you never provided. You may also become the physician of record for services you had nothing to do with."

The CMS suggests seven steps practices can take to prevent such identity theft.

1. Keep your medical information up to date. Report any changes to Medicare, Medicaid, and other insurance companies, such as opening and closing of offices and moving between group practices.
2. Review billing notices. Actively review your Medicare remittance notices to make sure there are no items or services listed that you didn't provide, including payments to you for services you didn't provide.
3. Protect your medical information. There are things you can do to better protect your information. For example, before giving out your medical identifiers to potential employers or other organizations, check them out to be sure they're legitimate. Only give your information to trusted sources.
4. Train your staff. Make sure your employees know the proper way to use and distribute your medical information, such as on prescription pads, electronic health records, and other important documentation.
5. Educate your patients. Patients are victims, too. Medical identity theft leads to higher insurance costs. Also, if patients are charged for items or services they never received, they may be denied in the future when they really need them. Tell patients to be on the lookout for fraudulent activity on their explanation of benefits statements and how to report fraud when they see it.
6. Report any suspected medical identity theft. If you believe you may have been the victim of identity theft, call the CMS program integrity investigative contractor in your region (see <http://tinyurl.com/MedicarePSCs>). You may also report any suspected cases of medical identity theft to the Office of the Inspector General of the U.S. Department of Health & Human Services at 800-HHS-TIPS (800-447-8477) or <http://oig.hhs.gov/fraud/report-fraud>.
7. Protect your prescription pads. Keep your prescription pads in a safe and secure environment, so they can't be used by fraudsters to obtain prescriptions you never prescribed.

Additional information on the initiative to prevent Medicare fraud can be found at [www.stopmedicare-fraud.gov](http://www.stopmedicare-fraud.gov).

# THE FUTURE OF YOUR PRACTICE IS BRIGHT - AND COMPLEX...



(While enjoying an expansion of services offered and conditions treated, optometrists continue facing an avalanche of external pressures that potentially threaten their practices.)



# AOA, ASCO launch Workforce Study Survey

This month the AOA and the Association of Schools and Colleges of Optometry (ASCO) will be distributing a survey to more than 4,000 optometrists across the nation to capture optometric workforce trends.

"You could very well be

care treatments are among the many factors that could affect supply and demand for eye and vision care over the coming years, Dr. Alexander notes.

Once the surveys have been completed, The Lewin Group, which is widely recognized as the "gold stan-

Group is highly respected for providing public and private sector entities with objective policy analysis and research on health care reform and health workforce policy analysis, Dr. Brooks said.

The Lewin Group is a premier national health care and human services consult-

Cambridge, Mass.-based research organization, Abt Associates, Inc. That report was compiled well before the enactment of federal health care reform legislation, the rise of the diabetes epidemic, and serious calls for Medicare cuts, Drs. Brooks and Alexander noted.

A multidisciplinary team, consisting of an economist, a public health researcher, a statistician, a software developer and several policy analysts has already been assembled by The Lewin Group to work on the project.

The Lewin Group has also been consulting with the AOA/ASCO Joint Workforce Study Project Team and a panel of 10 experts whose professional backgrounds come from both in and outside of the optometry profession.

The entire collaborating team on this project consists of almost 20 professionals

with an in-depth knowledge of optometry and workforce issues.

"Collectively, the team offers extensive experience in health care workforce research, disease burden analysis, and statistical model development," Dr. Brooks said.

The new study is to be completed by the end of 2012, according to the project team. The planned database of practicing U.S. eye care providers is to be completed about the same time.

Such information will be essential when formulating policy on a range of issues, from health care access, to specific rules on the mix of health care professionals required on the provider panels for new health care models, Drs. Brooks and Alexander said.

After the completion of the project the database will be continuously updated, they emphasized.

*A comprehensive database of all practicing eye care providers in the United States will also be developed in conjunction with the study.*

one of the optometrists selected to participate in this very important workforce study," said Randolph E. Brooks, O.D., chair of the AOA/ASCO Joint Workforce Study Project Team.

The survey will be distributed by mail and respondents will have a choice of either filling it out and mailing it in or completing the survey online.

"This study and the information that we will gain from the survey are critical in understanding the supply and demand factors affecting eye care and our profession. I strongly urge all optometrists who are selected to complete the survey," said Dr. Brooks.

The new workforce study is intended to provide accurate projections of eye care supply and demand in a rapidly changing health care environment, according to ASCO President Kevin L. Alexander, O.D., Ph.D.

Emerging care and payment models (some authorized under federal legislation), proposed reductions in Medicare and Medicaid funding, the aging of the U.S. population, rapidly increasing incidence of type II diabetes and other systemic health conditions, increased use of computers and other electronic devices, changes in optometric scope of practice, and the development of new vision correction technologies and eye

dard of health care policy research organizations," will create a comprehensive model of supply and demand for eye and vision care in the U.S.

"Lawmakers and administrators will be able to use this information in establishing public and private sector health care policy over the coming decades," said Dr. Brooks.

The new AOA-ASCO Optometry Workforce Study will provide objective data and analysis on the current status of the eye care market in the United States as well as a flexible model to predict changes in supply and demand in the future, according to Dr. Brooks.

A comprehensive database of all practicing eye care providers in the United States will also be developed in conjunction with the study.

"It is critical that this study be recognized by lawmakers and policy experts as the definitive assessment of supply and demand for eye and vision care in the U.S. over the foreseeable future," said Dr. Alexander. "Our intent is to provide a resource that will be widely accepted by lawmakers and health policy experts and can be relied on as a basis for health care policy decisions in both the public and private sectors."

Headquartered in Falls Church, Va., The Lewin

ing firm that has delivered objective analyses and strategic counsel to prominent public agencies, nonprofit organizations, industry associations and private companies across the United States for nearly 40 years, Dr. Brooks said.

Lewin Group studies are guided by an extensive set of policies and procedures designed to ensure objectivity and reliability. The Lewin Group deals only in data and analytical reports; the company does not advocate for policies, programs or legislation.

Considerable health care policy is already based on Lewin Group reports, the AOA-ASCO Optometry Workforce Project Team noted. The firm has authored numerous reports for U.S. Department of Health & Human Services agencies such as the Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and National Institutes of Health. It has also studied issues for influential foundations such as the Robert Wood Johnson Foundation, Commonwealth Fund, and Heritage Foundation.

The AOA last formally studied eye care supply and demand in 1999 with its Workforce Study of Optometry, prepared by the

## EHR, from page 5

practitioners with bonus payments equaling 75 percent of their total Medicare fee-for-service allowed charges for the year, up to a cap of \$24,000.

Agency officials are apparently waiting to make sure they have a complete tally of a qualifying practitioner's Medicare allowed charges for the year before issuing an incentive payment, the AOA Advocacy Group noted.

The CMS was expected to begin issuing incentive payments below the \$18,000 maximum in March, according to AOA Advocacy Group staff.

Practitioners began applying for incentive payments on April 1, 2011 – a process that involves attesting compliance with designated EHR utilization standards. The CMS issued the first Medicare EHR incentive

payments in May of last year.

Anticipating a year-end rush of late EHR incentive applications, the CMS last fall extended its 2011 attestation deadline by two months.

The CMS reported 701 optometrists qualified for Medicare EHR incentives during calendar year 2011 (see *AOA News*, March), meaning almost 500 more qualified for incentives during January and February of this year.

Some 572 optometrists were issued a total of \$10,296,000 during February alone, according to the CMS report.

AOA members can find extensive information on the Medicare EHR Incentive Program, including a link to the latest CMS program participation report, on the AOA website EHR page ([www.aoa.org/ehr](http://www.aoa.org/ehr)).



# GET YOUR STAFF PREPARED AT OPTOMETRY'S MEETING® 2012.

As competitive pressures continue to mount, an efficient, well-educated, and well-connected staff is increasingly important to sustaining successful optometric practices. Optometry's Meeting® 2012 offers dozens of opportunities for education, networking with similar professionals, and exposure to new technologies and equipment - all targeted directly to paraoptometrics and office staff. The future calls, are you (and your staff) ready?

**REGISTER TODAY  
TO SEE TOMORROW!**  
[www.optometrismmeeting.org](http://www.optometrismmeeting.org)



Optometry's Meeting® is the annual meeting of the American Optometric Association and the American Optometric Student Association



Optometry's meeting®

**JUNE 27-JULY 1, 2012**  
CHICAGO, ILLINOIS



# HHS wants to delay ICD-10 deadline until 2014

The Department of Health & Human Services (HHS) is proposing to delay until Oct. 1, 2014, the compliance deadline for the use of International Classification of Diseases, 10th Edition (ICD-10) diagnosis and procedure codes on insurance claims and other health care-related transac-

tions.

HHS officials proposed the one-year delay in the *Federal Register* last month. The department will formally announce a new compliance date later this year following a required comment period.

The HHS had previously announced the compliance date would be Oct. 1, 2013.

ICD-10 codes are already in use in most nations around the world. The HHS has been planning to implement the codes in the United States since at least 2000.

"Implementation of ICD-10 will accommodate new procedures and diagnoses unaccounted for in the ICD-9 code set and allow for greater

specificity of diagnosis-related groups and preventive services," according to an HHS statement. "This transition will lead to improved accuracy in reimbursement for medical services, fraud detection, and historical claims and diagnoses analysis for the health care system. Many researchers have published

articles on the far-reaching positive effects of ICD-10 on quality issues, including use of specific reasons for patient non-compliance and detailed procedure information by degree of difficulty, among other benefits."

However, implementation has been repeatedly held up in the United States.

The HHS formally proposed regulations for the conversion in 2008, targeting implementation in 2009. A finalized version of the rule delayed the proposed conversion date several years to 2013.

The latest delay comes as the result of concerns repeatedly expressed by some provider groups regarding the ability of providers to meet the Oct. 1, 2013, compliance date, the HHS said. Those concerns were based, in part, on implementation issues providers have experienced meeting HHS' compliance deadline for the Accredited Standard Committee's (ASC) X12 Version 5010 software standards (Version 5010) for electronic health care transactions. Compliance with Version 5010 is necessary prior to implementation of ICD-10.

While hospitals and other health care institutions will be required to use both the ICD-10 diagnosis and procedures codes in 2014, optometrists and other office-based health care practitioners will be required only to use the ICD-10 diagnosis codes at that time, the AOA Clinical and Practice Advancement Group (AOA-CPAG) emphasized. Current Procedural Terminology (CPT) will continue to be used for procedure coding and ICD-10 procedure codes will not be required in office-based practice until the end of the decade.

"ICD-10 for Optometry," a comprehensive continuing education course for optometrists and paraoptometrists, is under development by the AOA-CPAG and will be scheduled to provide training on the new coding system as optometric practices are

## Long-Term Disability Income Insurance

28232

### A Special Note to our Members

*In this article we are discussing the fundamentals of available insurance that can help protect you, your family and your practice. Because your ability to earn your income is one of your most valuable assets, we believe it is critically important to make sure yours is protected if an unexpected accident or illness leaves you disabled and unable to work.*

Dori Carlson, O.D.  
President, AOA

### Why this type of insurance?

What if an accident or illness kept you from working as a Doctor of Optometry? How would you make ends meet if you couldn't earn your income? Would you have to dip into your savings or take out loans to pay your everyday living expenses?

Many people believe that Social Security or Workers' Compensation will help them if they're disabled.

Unfortunately, Social Security disability benefits are limited: the average monthly benefit paid is only \$1,070 and more than half of disability claims are denied.<sup>1</sup>

Workers' Compensation only pays if your disability was due to an accident that occurred while you were working—and this only accounts for 5% of all disabilities.<sup>2</sup>

There is also a false sense of security when it comes to the risk of becoming disabled. Many people think it won't happen to them.

Unfortunately, recent statistics show that nearly one in three workers will become disabled before they reach retirement.<sup>3</sup> Disabilities not only occur because of accidents, but from simple back injuries to cancer, heart disease and osteoporosis.

Because the risk and the potential financial loss associated with a disability are so real, many Americans purchase Long-Term Disability Income Insurance.

### How does it work?

Long-Term Disability Insurance provides monthly benefits to replace a certain percentage of your income. Most plans replace up to 60% of your income. This percentage is designed to prevent people from earning more income while disabled than when they were working.

Key features of Long-Term Disability Insurance include:

- **Monthly income benefits.** Most policies have a maximum benefit amount you could collect based on a percentage of your income. Benefit amounts generally range from \$500 up to \$10,000.
- **Benefit payment period.** Many policies pay benefits for a specified number of years, for example five years. Some policies will pay benefits longer, up to age 65 if you are disabled.
- **Waiting period before benefits begin.** Most plans require you to wait before benefits start—the normal waiting period is 90 days, although some plans make you wait longer, up to 180 days and some plans will pay sooner, after 60 days.
- **Rehabilitation benefits.** Some plans work with you to get you back to work by providing rehabilitation services.
- **Disability payments.** Some plans continue to pay so long as you cannot work at your profession, as opposed to being able to work at nearly any job.

There are several places you can turn to for this type of coverage. Some employers provide this coverage as an employee benefit. But you should be aware of the tax consequence.

If your employer or business pays the premiums for your coverage, your disability income benefits will be taxed. However, if you purchase your own individual policy, benefits are usually tax-free. This is an important distinction to consider when deciding which option is best for you.

For more details, visit [www.aoinsurance.com](http://www.aoinsurance.com) or call 1-866-331-0180

<sup>1</sup>Social Security, Press office, [www.socialsecurity.gov/pressoffice/factsfig.htm](http://www.socialsecurity.gov/pressoffice/factsfig.htm). Viewed 11/21/11

<sup>2</sup>Life and Health Insurance Foundation, Why Devote a Month to Disability Insurance Awareness, <http://lifehappens.org/diam>. Viewed 11/3/2011

<sup>3</sup>Social Security Administration, Disability Benefits, [www.socialsecurity.gov/pubs/10029.pdf](http://www.socialsecurity.gov/pubs/10029.pdf). Viewed 11/3/2011

The Long-Term Disability Insurance Plan is underwritten by New York Life Insurance Company, 51 Madison Ave, New York, NY 10010, on Policy Form# G-29336-1/FACE.

This material contains only general descriptions and is not a solicitation to sell any insurance product or security, nor is it intended as any financial or tax advice. For information about specific insurance needs or situations, contact your insurance agent. Our articles are intended to assist in educating you about insurance generally and not provide personal service. They may not take into account your personal characteristics such as budget, assets, risk tolerance, family situation or activities which may affect the type insurance that would be right for you. In addition, state insurance laws and insurance underwriting rules may affect available coverage and its costs. If you need more information or would like personal advice you should consult an insurance professional. You may also visit your state's insurance department for more information.

See ICD-10, next page



## ICD-10,

from previous page

preparing to implement it, according to Charles B. Brownlow, O.D., AOA medical records consultant. Additional information on the ICD-10 codes can be found on the AOA website ICD-10 page ([www.aoa.org/ICD-10](http://www.aoa.org/ICD-10)).

## New insurance identifier

The HHS called for the ICD-10 compliance date change last month as part of a proposed rule that would also adopt a standard for a new, unique health plan identifier (HPID), similar to the national provider identifiers (NPIs) currently required for all physicians and other health care providers and suppliers.

A unique identifier for health plans could make it easier for optometrists to determine patient eligibility and benefits, the AOA Advocacy Group noted.

When health plans and entities like third-party administrators conduct transactions with health care providers, they are identified using a wide range of different identifiers that do not have a standard length or format, HHS officials noted last month in their news release on the proposed rule.

"As a result, health care providers run into a number of time-consuming problems, such as misrouting of transactions, rejection of transactions due to insurance identification errors, and difficulty determining patient eligibility," the HHS statement continued. "The rule simplifies the administrative process for providers by proposing that health plans have a unique identifier of a standard length and format to facilitate routine use in computer systems. This will allow provider offices to automate and simplify their processes, particularly when processing bills and other transactions."

The proposed rule would also establish a new "other entity" identifier (OEID) for entities such as health care clearinghouses, third party administrators (TPAs), and re-

pricers that are not health plans, health care providers, or individuals but that need to be identified in health care-related transactions.

Such entities are currently identified in the standard health care transaction using the same fields and the same types of identifiers as health

plans, "but are not health plans and so cannot obtain a health plan identifier," the HHS noted.

The proposed rule would also give pharmacies more leverage to demand that prescribers obtain and disclose National Provider Identifier (NPI) numbers. While most

U.S. health care practitioners now have NPIs, some pharmacies report they are having trouble completing pharmaceutical claim forms, including those for Medicare Part D, because prescribers do not always have or disclose the identifier on prescriptions.

A fact sheet on the pro-

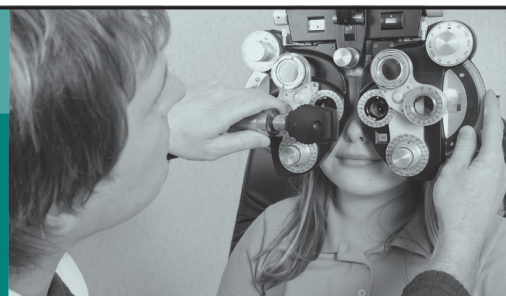
posed delay in the ICD-10 compliance date may be viewed at [www.cms.gov/apps/media/fact\\_sheets.asp](http://www.cms.gov/apps/media/fact_sheets.asp). The proposed new HHS rule (CMS-0040-P) may be viewed at [www.oig.gov/inspection.aspx](http://www.oig.gov/inspection.aspx). A news release on the proposed rule may be viewed at [www.hhs.gov/news](http://www.hhs.gov/news).



American Optometric Association  
Member Advantage

Endorsed Member Benefit

# Protect Your #1 Asset



## With the AOA Group Long-Term Disability Income Insurance Plan

For most eye-care professionals, earning an income is their #1 asset. That's because all your other assets, like your home, your car, and your retirement savings depend on your ability to earn an income.

But if an injury or illness kept you from earning your income, how would you pay your everyday living expenses?

AOA understands how important your income is to your asset protection. That's why they endorse a Long-Term Disability Income Insurance Plan that helps pay your expenses if you become disabled and you can't perform the duties of your practice even if you could perform the duties of another occupation.

The AOA Long-Term Disability Income Plan has been specifically designed to meet the needs of eye-care professionals and includes these valuable benefits:

- ▶ **Protects your earning power.** You can choose a monthly benefit up to \$7,500.00 a month (up to 80% of your average monthly income) that can help cover office expenses, mortgage, car payments, medical bills or any other expenses.
- ▶ **Pays benefits for the long haul.** If you become disabled, the plan pays you benefits up to age 75\* – unlike other plans that stop paying after a few years.
- ▶ **Saves you money** because under tax law your benefits are generally tax-free if you pay the premiums yourself.
- ▶ **Features affordable group discounted rates** based on the group buying power of the entire AOA membership.

And, now it's easier than ever to protect your #1 asset. The AOA Group Long-Term Disability Insurance Plan is a practical solution to help protect your income ... your practice ... your financial future. Just visit the AOA Insurance Plan Website at [www.aoainsurance.com](http://www.aoainsurance.com). You can learn more about the important features of this AOA benefit, such as benefit details, rates and even start the application process!

Visit [www.aoainsurance.com](http://www.aoainsurance.com) today!  
or call 1-866-331-0180

## Because it can happen ...

Many people think a disability won't happen to them.

These are the Top 4 Illnesses and injuries facing AOA Members today:

- Cancer
- Chronic back conditions
- Heart attacks, heart disease and stroke
- Complications of pregnancy

That's why thousands of your fellow members have already secured the AOA Long-Term Disability Plan help protect their income. Now you can too!

For more details, visit\*\*  
[www.aoainsurance.com](http://www.aoainsurance.com)  
or call 1-866-331-0180



Top 4 Illnesses and Injuries, based on experience report from 10/31/2010.

\*For Disabilities that begin between the ages of 65-75, the maximum benefit period is 12 months.

The Long-Term Disability Insurance Plan is underwritten by New York Life Insurance Company, 51 Madison Ave, New York, NY 10010, on Policy Form # G-29336-1/FACE.

\*\*For complete details on this plan, including features, costs, eligibility, renewability, limitations and exclusions, see the Certificate of Insurance.

When program experience has been good New York Life Insurance Company will periodically return excess premiums in the form of dividends to AOA as the policyholder. AOA will retain these dividends in a Dividend on Deposit Account with New York Life. The AOA will in turn periodically make these dividends available through premium credits to existing insureds in the programs which generated the dividends. Sufficient reserves will be retained by the AOA in the Dividend on Deposit Account to cover administrative and marketing costs generated by the New York Life Insurance Programs sponsored by AOA. These programs are administered together to take advantage of the savings resulting from this integrated approach. Administrative expenses incurred by AOA to provide the valuable membership benefits resulting from these sponsored insurance programs are reimbursed from available program dividends. New York Life may also, out of premium, pay a reasonable fee to the AOA for making AOA assets available to it to promote these programs to the membership. These assets include AOA Intellectual Property Rights and mailing lists of eligible members. Coverage may not be available in all states, please contact the plan administrator for more information.

28231 © 2012 AGIA



# Over 200 hours of accredited CE make Optometry's Meeting® a must-attend event

Continuing education (CE) is always a prime reason to attend Optometry's Meeting®, and 2012 brings you many new topics and formats from which to choose.

When you join us in Chicago this June 27 through July 1, you'll find more than 200 hours of continuing education being offered — including more than 20 hours available at no charge.

So whatever your CE needs, you'll have multiple opportunities to boost your knowledge and learn the very latest innovations — from laser therapy to 3-D.

In addition, we are making CE participation easier than ever through online course evaluations and credit certificates.

## NEW on-site registration

This year, attendees have the opportunity to obtain CE registration materials in advance or pick them up on-site. Watch for an email arriving this month with complete information.

Don't forget that if you've registered for an All-Access Pass, you can bypass pre-registration for individual CE courses.

With the popularity of these passes, we are already sold out for AOA OD members — but All-Access Passes are still available for paraoptometric members and optometric staff members, so please don't hesitate.

## CE credit certificates simplified

We think effort should be rewarded without the wait — and at Optometry's Meeting® you'll be able to immediately receive your CE credits earned.

Just look for the special kiosks on Level 1 of the McCormick Place West Convention Center next to the

CE rooms. Scan the barcode on your name badge, and your name will appear on the screen. Then a few simple steps later, you will be able to complete the session evaluation and print the necessary certificate.

The kiosks will be available from Thursday, June 28 through Saturday, June 30. Staff members will be available to assist you on-site and

Education Symposia on Thursday and Friday.

In addition, we will hold a complimentary Saturday 3-D Symposium (D201) where you'll hear how to make your practice "3-D Ready!" This no-cost course is open to all attendees, so registering early to reserve your seat is recommended.

Our Opening General Session sponsored by



you will applaud them for making this meeting possible.

Please note these Exhibit Hall hours:

❖ Thursday, June 28

*Our Opening General Session sponsored by Essilor— Hollywood Comes to Chicago!— offers an insider's perspective on how 3-D is transforming the worlds of entertainment, optical science and health.*

answer any questions.

And if you don't get the chance to enter your evaluations during Optometry's Meeting®, no worries — you'll be able to access our online evaluation system until Oct. 5, 2012, at [www.optometrymeeting.org](http://www.optometrymeeting.org). Simply use your registration login to access the system, and follow the online instructions.

## See the future in 3-D

Three-dimensional technology actually dates back nearly two centuries with the invention of the stereoscope — yet it has only been a novelty until the last decade. Today, 3-D seems to be everywhere: in movies, television, video games, mobile devices, and more.

Now beyond its commanding presence in the entertainment world, 3-D is making a splash in the world of optometry.

Stereoscopic technology can help diagnose and treat millions of children and adults with vision deficiencies, helping optometrists create value for both patients and society at large.

You can take a deep dive into all that 3-D technology offers by attending our 3-D

Essilor— HOLLYWOOD COMES TO CHICAGO!— offers an insider's perspective on how 3-D is transforming the worlds of entertainment, optical science and health.

Presented in partnership with Essilor and the International 3D Society, this "behind-the-scenes" event, with special guest speakers, will give you a peek into current 3-D projects before they're released to the general public.

## The opportunity to interact

The Optometry's Meeting® Exhibit Hall is a vital part of our conference, with more than 200 exhibitors presenting the latest equipment, services and technical developments.

Visiting the Exhibit Hall expands both your competence and your connections, because you can network with numerous specialists offering breakthrough solutions certain to benefit your practice.

The AOA and the American Optometric Student Association (AOSA) gratefully acknowledge the support of the companies and organizations participating in the 2012 exhibition, and we hope

4 p.m. – 8 p.m.

Wine and Cheese Reception sponsored by Shamir — including your own commemorative Shamir wine glass.

❖ Friday, June 29  
11:00am – 6:30pm

Exhibit Hall Lunch from 11 a.m. to 1 p.m. with your \$10 Marchon lunch coupon.

Exhibit Hall Happy Hour 4:30 p.m. – 6:30 p.m. hosted by the AOA.

## Exchange ideas and business cards

Optometry's Meeting® is filled with events where you can make contacts with like-minded professionals and build valuable relationships. Just some of the highlights include:

❖ Optometry's Meeting® Welcome Hour, sponsored by the AOA and CooperVision, provides a casual atmosphere to connect with old friends and meet new ones.

❖ Incoming Presidential Celebration honoring Ronald Hopping, O.D., MPH. Sponsored by Alcon, Optos, and Vision Source, this event lays down the beats with our own house band, the "Eye Docs of Rock." Come get the party started at this high-ener-

gy evening of music and dance, featuring special "guest" performances from celebrity eye care professionals.

❖ A Celebration of Optometry, sponsored by HOYA, recognizes the AOA Board of Trustees and the AOSA Executive Council in a world-class setting: The Field Museum.

This renowned natural history institution is home to more than 20 million specimens — including "Sue," the world's largest and best-preserved Tyrannosaurus Rex.

As you view the museum's more than 35 fascinating exhibitions, you'll be entertained by dueling pianos and fueled by "Taste of Chicago" themed appetizers and desserts (but don't you dare feed Sue!)

This gala evening is a memorable conclusion to Optometry's Meeting® — but with limited space available, advance registration is required.

## Visualize your future

Whether you are looking for employment, job candidates or potential partners, you have a unique opportunity to find the perfect match at Optometry's Career Center®, sponsored by Marchon and Optos.

This event provides a wealth of resources including career information, qualified candidates, and different modes of practice.

Top-notch education, entertainment, and enlightenment is waiting for you at Optometry's Meeting® in Chicago.

Register today at [www.optometrymeeting.org](http://www.optometrymeeting.org).



For optometrists,  
by optometrists.



AOA Insurance Alliance

If your malpractice insurance company can't check the boxes, then you have the wrong insurance company.

No matter how cautious your approach to treating your patients, and how carefully you follow procedure, you can't ignore the chance that an outcome won't turn out as expected. If that happens, you want the comfort of knowing your malpractice insurance has you covered.

With the AOA Insurance Alliance you are covered for the full extent of services you offer and procedures you perform (unlike some others who exclude common procedures such as foreign body removal). With unprecedented involvement of AOA member optometrists and an insurance carrier devoted exclusively to covering and defending medical malpractice claims, the AOA Insurance Alliance will treat you with the care and compassion you'll need if a malpractice claim is made against you. That's something not all insurance companies can attest to.

If your malpractice insurance renews soon — don't wait — visit our enrollment center now to secure your AOA endorsed malpractice coverage.



**Covers you for full scope of practice coverage today, and as your practice grows**



**Optometrist involvement in coverage and rate setting committees**



**Devoted exclusively to covering and defending medical malpractice claims**

**The AOA Insurance Alliance has you covered!**

**[www.aoainsurancealliance.com](http://www.aoainsurancealliance.com)**

get a free quote | purchase coverage conveniently online  
receive certificate of insurance immediately via email



Scan this code with the QR Reader on your smartphone to learn more.

To speak with a program representative regarding malpractice coverage or business owners insurance for your practice call (888) 343-1998. Coverage endorsed by AOA now and previously are both written on an occurrence basis; therefore, members should have no concerns about inadvertent coverage gaps caused solely by switching carriers.

Program underwriter varies by state and is either PACO Assurance Company, Inc. (A- Excellent rating by A.M. Best), ProAssurance Indemnity Company, Inc., or PICA (A Excellent rating by A.M. Best). The AOA Insurance Alliance is administered by Lockton Risk Services.





# ICO to celebrate 140th anniversary during Optometry's Meeting®

The Illinois College of Optometry (ICO) and the Illinois Optometric Association (IOA) are hosting a campus-wide celebration of optometry in Illinois as well as the college's 140th

many ethnic cuisines representing Chicago during the Taste of ICO held in the campus courtyard. They can also learn about the latest research from faculty posters and enjoy a dessert reception and

important events in Illinois optometric history. Special networking and recognition events also will be featured during the celebration.

ICO's more than 300 preceptors have been invited

*Attendees are encouraged to take an interactive campus tour and see faculty demonstrations in the "Eyepod," ICO's state-of-the-art clinical lab and research facility, and see the newly remodeled Lecture Center.*

anniversary during Optometry's Meeting® in Chicago.

The event will be held Friday, June 29 from 5 p.m. to 9 p.m. on the ICO campus. Complimentary shuttle service will be provided from the McCormick Place Convention Center beginning at 5 p.m. and parking will be available on campus. ICO is located at 3241 S. Michigan Avenue in Chicago.

The ICO campus will be showcased during the celebration and will feature a host of activities for students, alumni, friends and visitors. Attendees will experience the

specialty dessert bar.

Attendees are encouraged to take an interactive campus tour and see faculty demonstrations in the "Eyepod," ICO's state-of-the-art clinical lab and research facility, and see the newly remodeled Lecture Center. As ICO's Name-A-Seat Campaign will be winding down, attendees can take the opportunity to name a seat or show off the seat they have already named. Visitors will also see a timeline display of events throughout ICO history.

The IOA will be showcasing a timeline identifying

to attend a networking event with ICO students, and Alfred Rosenbloom, O.D., DOS, and his wife Sarah will be recognized for their contributions.

"I'm looking forward to seeing IOA members and future IOA members at the celebration. We're here to welcome you," said Sandra Bury, O.D., IOA president.

ICO President Arol Augsburger, O.D., said, "If you are interested in visiting the campus, ICO welcomes you."

For questions or more information regarding this celebration, call 312-949-7080 or email [alumni@ico.edu](mailto:alumni@ico.edu).

## Munson: advocacy key in rocky economic times



**AOA Vice President Mitch Munson, O.D., addresses the audience at the Corporate Optometry Reports conference.**

Congress rescinding a planned 24 percent Medicare reimbursement cut will bring the average practicing optometrist \$9,000 this year – demonstrating that, in uncertain economic times, effective AOA advocacy efforts have become critical to both the short-run stability and long-range growth of the primary eye care market in America, AOA Vice President Mitch Munson, O.D., told last month's Corporate Optometry Reports (COR) conference at Vision Expo East in New York.

Exemption of contact lenses from a new 2.3 percent federal medical excise tax will help to stabilize the eyewear market in 2013 and later years, Dr. Munson said.

Beginning in 2014, provisions of the federal Affordable Care Act, notably the AOA-backed Harkin provider nondiscrimination amendment, could help open access to optometry for "nearly 100 million people, or one-third of the country," Dr. Munson said.

Other topics during this spring's COR conference included an anticipated increase in demand for optometric services due to growth in the presbyopic population and the possible impact of an election year on the eye and vision care market.

COR conferences are sponsored at each Vision Expo East and Vision Expo West by Alcon, according to Dwight Akerman, O.D., the company's director of professional affairs & programs.

## Advancing Optometry Worldwide

### International speakers to head to Chicago

Advancing Optometry Worldwide, the World Council of Optometry's next conference, is set to bring international speakers and delegates working to improve eye care around the world to Chicago.

Delegates will hear from speakers such as Professor Kovin Naidoo, African chair of the International Agency for the Prevention of Blindness (IAPB) and Global Programmes Director of the International Centre for Eyecare Education (ICEE); Pete Kehoe, O.D., past president of the AOA; Professor Thomas Freddo, University of Waterloo, Canada; and Clive Miller, chief executive officer of Optometry Giving Sight.

Advancing Optometry Worldwide is a fantastic chance to share experiences and

learn from professionals from around the world, many of whom will be working in different environments with their own unique challenges, successes and opportunities.

The conference is taking place at Chicago's Renaissance Blackstone Hotel from June 24-26.

Those attending Optometry's Meeting® can head to Chicago a few days earlier and attend this international event.

Registration is open until May 25. Reserve your place at [www.worldoptometry.org/registration](http://www.worldoptometry.org/registration).

Log on to [www.worldoptometry.org](http://www.worldoptometry.org) or [www.facebook.com/WorldCouncilOpt](http://www.facebook.com/WorldCouncilOpt) to download the program and for up-to-date news and announcements on Advancing Optometry Worldwide as they happen.



PROTECT • PRESCRIBE • PRESENT

Brought to you by



American Optometric Association



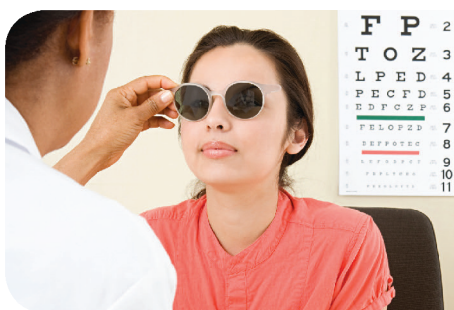
## AT THE CORE OF THE SUN INITIATIVE

is a comprehensive training program created to help eye care professionals deliver a lifetime of outdoor eye protection. The COPE and ABO-approved educational series, Protect, Prescribe and Present, will be delivered digitally, and encompass the following:



### Part-1 PROTECT

Describes the health issues resulting from UV and High Energy Visible (HEV) radiation exposure, delivering a set of actionable steps for the practitioner to ensure that all patients understand the importance of quality outdoor eye protection.



### Part-2 PRESCRIBE

Develops an action plan for the optometrist and the optician. For the doctor, this course delivers examples of how to discuss the research that proves the need for sun protection. For the optician, this segment clearly defines how to set goals and identify the best protective products.



### Part-3 PRESENT

Teaches one of the most difficult areas for many offices to master – the language and methods to visually merchandise outdoor eyewear to every consumer/patient. This segment presents methods to easily communicate the benefits of prescribing and dispensing outdoor eyewear.

To get started go to: [AOA.org](http://AOA.org) or [OAA.org](http://OAA.org)

Sponsored by



THE VISION COUNCIL



# CMS Shared Saving Program launches with 27 ACOs

A new program that will help physicians, hospitals, and other health care providers work together to improve care for people with Medicare is off to a strong start, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Under the new Medicare Shared Savings Program, 27 Accountable Care Organizations (ACOs) have entered into agreements with the CMS, taking responsibility for the quality of care furnished to people with Medicare in return for the opportunity to share in savings realized through improved care.

The Shared Savings Program and other initiatives related to Accountable Care Organizations are made possible by the Affordable Care Act, the

health care law of 2010. Participation in an ACO is purely voluntary for providers and beneficiaries and people with Medicare retain their current ability to seek treatment from any provider they wish.

The first 27 Shared Savings Program ACOs will serve an estimated 375,000 beneficiaries in 18 states. That brings the total number of organizations participating Medicare shared savings initiatives on April 1 to 65, including the 32 Pioneer Model ACOs that were announced last December, and six Physician Group Practice Transition Demonstration organizations that started in January 2011. In all, as of April 1, more than 1.1 million beneficiaries are receiving care from providers participating in Medicare shared savings ini-

tatives.

"We are encouraged by this strong start and confident that by the end of this year, we will have a robust

cated medical procedures, or having to share the same information over and over with different doctors," CMS officials noted in a

*The first 27 Shared Savings Program ACOs will serve an estimated 375,000 beneficiaries in 18 states.*

program in place, benefiting millions of seniors and people with disabilities across the country," said CMS Acting Administrator Marilyn Tavenner.

"Anyone who has multiple doctors may have experienced the frustration of fragmented and disconnected care: lost or unavailable medical charts, trouble scheduling an appointment or talking to a doctor, dupli-

written statement on the program last month.

"Accountable Care Organizations are designed to lift this burden from patients, while improving care and reducing costs."

The Shared Savings Program was created by the Affordable Care Act after a number of efforts in the private sector showed that improving care can lead to lower costs.

The selected ACOs include more than 10,000 physicians, 10 hospitals, and 13 smaller physician-driven organizations in both urban and rural areas. Their models for coordinating care and improving quality vary in response to the needs of the beneficiaries in the areas they are serving.

The CMS is reviewing more than 150 applications from ACOs seeking to enter the program in July.

To ensure that savings are achieved through improving and providing care that is appropriate, safe, and timely, an ACO must meet strict quality standards.

For 2012, the CMS has established 33 quality measures relating to care coordination and patient safety, appropriate use of preventive health services, improved care for at-risk populations, and the patient and caregiver experience of care.

The CMS also announced that five ACOs are participating in the Advance Payment ACO Model program that began April 1.

"This model will provide advance payment of expected shared savings to rural and physician-based ACOs participating in the Shared Savings Program that would benefit from additional start-up resources. These resources will help build the necessary care coordination infrastructure necessary to improve patient outcomes and reduce costs, such as new staff or information technology systems," according to the CMS statement.

The CMS is reviewing more than 50 applications for Advance Payments that start in July.

Additional information can be found on the CMS website ACO page (<http://innovations.cms.gov/initiatives/ACO/>).

Additional information on the ACOs announced last month can be found in the fact sheets accessible on the CMS website media page (<http://www.cms.gov/apps/media/>).

## Vote for the top story of the past 50 years

In reflecting upon the gains of the past, be sure to log in to AOACONnect and vote for the top story of the past 50 years at <http://bit.ly/sa18Dn>. Here are some of the top selections of past ways in which the AOA helped strengthen the profession:

1963—AOA became an agency member of the American Public Health Association.

1964—AOA files complaint with U.S. Dept. of Justice alleging restraint of trade and conspiracy on the part of the American Medical Association

1967—Council on Clinical Optometric Care is formed

1968—American Optometric Student Association (AOSA) formed

1970—Alabama legislature authorizes the establishment of a school of optometry, the first to be an integral part of a medical center (UAB)

1971—First DPA Law passed - Rhode Island

1976—First TPA Law passed— West Virginia

1977—U.S. Supreme Court reverses four decades of precedent and holds that professionals may utilize truthful advertising (Bates v. Arizona State)

1986—Medicare parity legislation allows reimbursement for optometrists for health-related services performed on nonaphakic patients.

1988—Federal Trade Commission approves trade regulation (Eyeglasses II)

1994—Publication of first AOA Optometric Clinical Practice Guidelines, providing ODs evidence-based recommendations for patient care

1998—First state law specifically authorizing the use of lasers by optometrists for certain treatment purposes enacted in Oklahoma

2000—Kentucky became the first state to require children to have a vision examination before entering the public school system

2002—AOA launches the Healthy Eyes, Healthy People® program

2005—InfantSEE® program established

2008—AOA establishes the National Commission on Vision and Health (NCVH)

2009—AOA House of Delegates votes in favor of establishing the American Board of Optometry (ABO) to develop and implement the framework for optometric board certification

To commemorate 50 years of groundbreaking news in optometry, we will publish the Top 10 AOA News stories as selected by our readers from all five decades. Please share your commentary and personal stories on the site as well (<http://connect.aoa.org>). We'd love to hear from you.

## New ways to connect with AOA...

[www.facebook.com/american.optometric.association](http://www.facebook.com/american.optometric.association)

[www.twitter.com/aoanews](http://www.twitter.com/aoanews)

[www.youtube.com/aoaweb](http://www.youtube.com/aoaweb)



 Optometry's meeting

# THE RIGHT PARTNER FOR THE LIFE OF YOUR CAREER

From practice entry to management, growth, and succession planning, the value is clear. AOA members benefit with a lifetime of professional support. Today, the AOA offers you virtually everything needed to effectively balance patient care and the business of optometry and successfully navigate a total career path. These exciting Optometry's Meeting® events will help you build your measure of success.



## Practice Pathways

*Supported in part by Wells Fargo Practice Finance*



**Thursday, June 28, 2012**

**10a.m. - Noon  
and 1p.m. - 3p.m.**



**McCormick Place  
West**

This two-part series for buyers and sellers will give you the facts you need to successfully transition a practice. You'll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients. The series will cover practical knowledge, legal, financial and tax aspects.

**PART I: Principles of Practice Transfer**  
**Presented by: Chad Fleming, O.D.**  
**(two-hour COPE approval pending)**

**PART II: Preparing for Your Transition**  
**Roundtable discussion with Wells Fargo**  
**(not for COPE credit)**

**Register for courses 1043 and 1083.**



## Optometry's Career Center®

*Sponsored by Marchon and Optos*



**Friday, June 29, 2012**

**8a.m. - Noon**



**McCormick Place  
West**

Join the career event of the year! Optometry's Career Center® offers an "open mic" of opportunities, information, and insights for employers and candidates. Don't miss the chance to find the perfect career opportunity or the perfect candidate, partner, or even buyer for your practice.

If you have questions about life after optometry school or are looking to bring on an associate or partner, don't miss this career event.

**Presented by: Chad Fleming, O.D., and Ryan Parker, O.D.**

- **AOA Pathways - UNPLUGGED**
- **How to create a noticeable resume**
- **Tips for reviewing job seeker resumes**
- **The Art of Interviewing for both job seekers and employers**

**Register for function 0205.**

**REGISTER NOW AT [www.OPTOMETRYSMEETING.ORG](http://www.OPTOMETRYSMEETING.ORG)**



Optometry's Meeting® is the annual meeting of the American Optometric Association and the American Optometric Student Association



# AOA EHR courses draw rave reviews

The AOA's "Navigating Meaningful Use, Quality Reporting, and e-Prescribing with Electronic Health Records (EHRs)" continuing education courses will be offered during at least 28 national or state optometric meetings this year – with more courses still being added to the schedule, according to the AOA Clinical and Practice Advancement Group (CPAG).

The courses continue to draw highly favorable

Quality Reporting, and e-Prescribing with EHRs" initiative will this year offer a selection of three two-hour classes designed to provide the specific HIT guidance practitioners need, whether they are just now planning to initiate EHRs in the offices, implementing basic HIT functions such as e-prescribing, hoping to earn substantial Medicare or Medicaid incentive payments by meeting government standards for the "meaningful use" of EHRs, or planning to use

Programs and Meaningful Use Update" is a more advanced course for practitioners who have already implemented EHRs and are now preparing to take part in the Medicare or Medicaid EHR incentive program.

❖ "Physician Quality Reporting System (PQRS) and e-Prescribing Made Easy" explains how EHR systems can facilitate participation in the Medicare PQRS or other quality reporting programs.

Optometrists should check with their respective state optometric associations to find out which Navigating with EHR courses will be offered during their meetings. Demonstrations of EHR systems will be offered by leading software vendors following the courses at Optometry's Meeting®.

Like last year's popular "AOA Enhancing Patient Care through the Implementation of EHRs" continuing education courses, the new "Navigating Meaningful Use, Quality

## Navigating Meaningful Use, Quality Reporting, and e-Prescribing with EHRs

### AOA affiliate

New Hampshire  
Pennsylvania  
West Virginia  
Indiana  
Mississippi  
Kentucky  
Connecticut  
California  
Arizona

### EHR course date

May 9, 2012  
May 18, 2012  
May 18, 2012  
July 11, 2012  
Aug. 25, 2012  
Sept. 29, 2012  
Oct. 13, 2012  
Nov. 9-10, 2012  
Dec. 8-9, 2012

*"The best continuing education course I have ever taken."*

remarks from attendees regarding the relevance and usefulness of the information presented, according to AOA Health Information Technology (HIT) Chair Philip Gross, O.D.

"The best continuing education course I have ever taken," one practitioner assessed on his course feedback form earlier this year.

Navigating with EHR courses will also be offered as part of the continuing education program at this year's Optometry's Meeting®, June 27 – July 1, in Chicago.

The Optometry's Meeting® courses will be offered June 27, from noon to 2 p.m., according to the AOA Meetings Center.

At least 15 state optometric associations will offer the course over the remaining months of this year (see box).

Turnout continues to be greater than expected with more than 1,000 practitioners having attended the course as this AOA News went to press, according to state optometric association estimates.

Building on the AOA CPAG's highly successful program of EHR continuing education courses at Optometry's Meeting® and state optometric association meetings last year, the new "Navigating Meaningful Use,

HIT to facilitate participation in Medicare's PQRS quality reporting program.

❖ "EHR Software Selection and Implementation" is an entry-level HIT course for optometrists who plan to implement EHR technology in the coming months.

❖ "EHR Incentive

Reporting, and e-Prescribing with EHRs" courses will be presented by a roster of nationally recognized experts on EHR implementation in optometric practice. All three of the lectures are COPE-approved.

The "Navigating Meaningful Use, Quality Reporting, and e-Prescribing with EHRs" courses have been developed as part of the

AOA EHR Preparedness Program for Optometry, sponsored by Codex Techworks, Compulink, Eyefinity, First Insight, FoxFire Systems Group, Kowa, Marco, Practice Director (a division of the Williams Group), QuikEyes, and RevolutionEHR.

For additional information and course updates, see [www.aoa.org/EHR](http://www.aoa.org/EHR).

## AOA News subscriptions

AOA-member optometrists get the AOA News delivered to their home or office each month at no cost.

For others who wish to subscribe, 12-month rates are

- Domestic Subscriptions: \$123
- International Subscriptions: \$171

To order, call the AOA Marketplace 800-262-2210

Want the News online?

Bookmark [www.newsfromaoa.org](http://www.newsfromaoa.org).

- Breaking news
- A tablet-friendly edition of the News
- Tools for searching the issue and archive
- Tools for saving and sharing articles and photos

For more information, contact [feedback@aoa.org](mailto:feedback@aoa.org).

We accept VISA, Mastercard, and American Express. Please note the Missouri and Virginia residents will pay sales tax.

The following credit card information is required for all purchases: name, card #, expiration date, and credit card security code.





# Optometry's Meeting® full of can't-miss events

By John Coble, O.D.,  
Optometry's Meeting®  
Executive Committee chair

**Y**ou simply cannot afford to miss Optometry's Meeting®! Now more than ever, people are trying to

p.m. to 6:30 p.m., join your colleagues for an Exhibit Hall Happy Hour.

Thousands of dollars in American Express gift cards will be raffled during hall hours, so make sure you're present to win.

Need to grab lunch on the

and the American Optometric Student Association sincerely appreciate their support.

Without exhibitor support, our registration fees and other meeting expenses would increase.

Please stop by and thank the exhibitors for their contin-

they sponsored a messenger bag to hold all the valuable literature and giveaways that you collect during your Exhibit Hall visit.

Please complete the Attendee Survey you will receive via email after the meeting. You could win up to \$250 in American Express gift cards just by taking five minutes to fill out our survey.

Your feedback can keep Optometry's Meeting® the best meeting in our profession!

Lastly, be sure to join us Saturday night, June 30 at A Celebration of Optometry!

Chicago's Field Museum is ours for the night. In addition to the more than 35 museum exhibits, there will be hearty hors d'oeuvres and dueling pianos to entertain us!

This event WILL sell out



**Dr. Coble**

so make sure you indicate you're attending when you register for Optometry's Meeting®. It's free to registered attendees and guests but you MUST let us know you are coming.

A big thank you to HOYA for sponsoring this spectacular event!

We look forward to seeing everyone in Chicago this June!

*Thanks to our exhibitors and sponsors our meeting will remain affordable and enjoyable, including free continuing education (CE) and many sponsored events for all to enjoy.*

decide what meeting(s) they should attend. We challenge you to decide what meetings you can't afford to miss.

Optometry's Meeting® is the premier optometric meeting. Why? The AOA is the acknowledged leader and recognized authority for primary eye and vision care in the world.

The AOA constantly brings our members the latest in education, products, tools, and services to keep optometric practices on the frontline.

This is "optometry's" meeting, properly titled as it encompasses many things – it's the national meeting, a place to take the best continuing education, meet with industry leaders, catch up with colleagues, a fun-family event, and much more.

We offer something for everyone in our profession.

We are very grateful to have industry partners that continue to support Optometry's Meeting®, keeping it the leading meeting in the industry.

Thanks to our exhibitors and sponsors, our meeting will remain affordable and enjoyable, including free continuing education (CE) and many sponsored events for all to enjoy.

The Exhibit Hall will open with a fun, networking event.

On Thursday, from 4 p.m. to 8 p.m., enjoy a wine and cheese event sponsored by Shamir.

On Friday, from 4:30

run? Stop by the Marchon booth (#1614) to receive a complimentary lunch coupon (good on Friday) in the Exhibit Hall.

Please do not miss AOA Central, where staff and volunteers will fill you in on the important initiatives at the AOA.

You will receive the latest commemorative pin to add to your collection.

We know in these fast-paced times it's important to keep up on what's happening back home. Therefore, stop by the complimentary Cyber Café in AOA Central to check-in.

We will also have Locator Kiosks available again in AOA Central and outside of the Exhibit Hall as well. You can find courses, exhibitors, colleagues, and more.

Furthermore, the McCormick Place West Convention Center has wireless internet available throughout the center for no charge!

New this year! In AOA Central you will find a few self-service, registration kiosks. You may register for the meeting or, if you are already registered, adjust your schedule by adding additional CE courses or functions/activities.

We hope you find this new resource beneficial! Assistants will be standing by to answer any questions and assist with the process.

Our exhibitors have invested significant resources for the privilege of being in the Exhibit Hall, and the AOA

ued support of Optometry's Meeting® and purchase some needed items for your practice.

Don't forget to grab a messenger bag! Shamir doesn't want you to leave the Exhibit Hall empty-handed, so

**OPTOMETRY CARES**  
*Do You?*

**Show You Care!  
It's Simple!**

Visit [www.aoafoundation.org](http://www.aoafoundation.org) to make your investment in those that need vision care most!

**OPTOMETRY CARES®**  
The AOA Foundation



# Genius.



Test your knowledge.  
Find the CE you need.  
Learn when it's convenient for you.

DELIVERED AS PROMISED – ONLINE EDUCATION TO HELP PREPARE FOR BOARD CERTIFICATION

## EyeLearn Online Educational Portal

*An Exclusive AOA Member Benefit*

- Interactive learning modules
  - Flexible – Pause at any point and return to the course on your schedule
  - Course handouts can be viewed or printed
  - Self-assessment quizzes help you focus your study time
  - Repeat a unit to better understand the material
- Access supplemental resources
  - Recorded audio and video lectures at the click of a mouse
  - AOA Optometric Clinical Practice Guidelines assembled in one place
  - Articles from Optometry: Journal of the American Optometric Association grouped by relevant subjects
- Continuing education finder that lists for-credit CE courses (searchable by ZIP code, city, state or topic)



Check out EyeLearn today @ [www.aoa.org/eyelearn!](http://www.aoa.org/eyelearn!)

# EyeLearn™ now offers practice management webinars

The 2012 Medicare coding and billing rules, the Physician Quality Reporting System (PQRS), e-prescribing, entry into practice, and the basics of practice marketing are among the topics covered in a new library of 30 practice management webinars posted to EyeLearn™ last month.

The new EyeLearn™ practice management materials were compiled in an effort to provide reliable, readily accessible answers to the practice management

examinations,” said Dr. Quinn.

“With the addition of the new webinars, AOA members now also know they can quickly and easily turn to EyeLearn™ for help on management and regulatory issues that arise in the course of day-to-day practice – whether they want an update on coding changes, guidance as they prepare to enter an incentive program, or decide they want to review their overall approach to marketing their

updated regularly with new AOA webinars, allowing AOA members to easily review subject matter or “catch webinars they missed the first time,” Dr. Quinn said.

In addition to its interactive clinical board certification review courses and new practice management webinars, EyeLearn™ continues to offer supplemental resources such as AOA Optometric Clinical Practice Guidelines and articles from *Optometry: Journal of the*

*“With the addition of the new webinars, AOA members now also know they can quickly and easily turn to EyeLearn™ for help on management and regulatory issues that arise in the course of day-to-day practice – whether they want an update on coding changes, guidance as they prepare to enter an incentive program, or decide they want to review their overall approach to marketing their practices.”*

questions most often posed by optometrists, according to Christopher J. Quinn, O.D., the AOA Board of Trustees member overseeing the EyeLearn™ project.

Most were selected from the highly popular AOA webinars series, which each month provides tutorials on regulatory and management issues for hundreds of optometrists.

“EyeLearn’s™ clinical courses have already proven very popular, particularly among optometrists preparing for American Board of Optometry certification

practices,” Dr. Quinn said (see box at right).

For new practitioners, EyeLearn™ offers webinars on both the process of joining a practice as an associate and the establishing of a new practice “from scratch,” Dr. Quinn noted.

All of the webinars are conducted by recognized experts in their fields and include extensive slide presentations as well as hand-out sheets that practitioners can download through the EyeLearn™ site.

The EyeLearn™ practice management library will be

*American Optometric Association.*

A Continuing Education (CE) Finder feature allows optometrists to find appropriate classroom continuing education programs offered by state optometric associations, regional optometric organizations, and the AOA.

The EyeLearn™ online education portal is an exclusive AOA member benefit. AOA members can take courses and access materials free of charge.

The optometric education portal can be accessed at [www.aoa.org/eyelearn](http://www.aoa.org/eyelearn).

## EyeLearn™ Practice Management Webinars

### Medicare Physician Quality Reporting System (PQRS)

- ❖ Making Sense of PQRS
- ❖ PQRS Made Easy
- ❖ PQRS Made Easy (Update)

### Practice Finance

- ❖ Practice Finance 101 – Managing Revenue and Expense Relationships by Design, not by Hope.

### Practice Transition

- ❖ Associateship through Ownership – The Path to Practice Ownership
- ❖ Starting an Optometric Practice - The Keys to Doing it Right!

### Marketing

- ❖ Web Site Traffic - Can I Please Have Some More?
- ❖ Patience with Social Media Can Bring You Patients
- ❖ Search Engine Optimization, How to Rank #1 on Google
- ❖ Turning Web Site Traffic into Patients
- ❖ Turning that Patient Care Staff into a Management Team
- ❖ The Keys to a Better Practice Marketing Program

### Medical Records and Coding

- ❖ Final Updates in 2012 Changes: Medicare, ICD-9, CPT
- ❖ Coding & Medicare Changes for 2012
- ❖ Coding Grand Rounds - Glaucoma Case Study
- ❖ Coding Grand Rounds
- ❖ CPT and Documentation Guidelines Part I
- ❖ CPT and Documentation Guidelines Part II
- ❖ Choosing Diagnosis and Procedure Codes for Eye Care
- ❖ Demonstration of AOA Tools for Medical Records and Coding...featuring new member-only benefit [AOACodingToday.com](http://AOACodingToday.com)
- ❖ An Introduction to ICD-10
- ❖ Coding a Glaucoma Case, First Visit Glaucoma Evaluation, First Follow-Up Visit
- ❖ The Power of Your Pen Recognizing Insurance Contracts as Business Decisions
- ❖ Coding Grand Rounds: Choosing Codes for Real Cases

### Risk Management

- ❖ Risk Management Tips for Your Practice

### Electronic-Prescribing (eRx)

- ❖ E-Prescribing
- ❖ Electronic-Prescribing – How and Why



American Optometric Association





# An optometrist's guide to Sjögren's syndrome

By Robert E. Prouty, O.D.

**D**ry eye syndrome is commonly seen in optometric practices. Nearly 10% of the U.S. population has signs or symptoms of dry eye. A wide range of treatment options are available. However, dry eye has varied causes and severities. As a result, it can be difficult to classify after an initial diagnosis, making the condition difficult to treat. Most practicing optometrists would probably acknowledge that dissatisfied dry eye patients are common.

For that reason, practitioners should be prepared to look beyond the ophthalmic conditions and environmental factors commonly associated with dry eye, to systemic conditions, including autoimmune disorders, that may manifest as dry eye. An example is Sjögren's syndrome

In an optometric practice, Sjögren's syndrome may be considered a potential cause of dry eyes, particularly in cases that are persistent or resistant to treatment. There is no single test that will confirm a diagnosis. However, optometrists may utilize a Schirmer test to measure tear production, as well as rose bengal or lissamine green topical eye dyes to examine the surface of the eye for dry spots and corneal desiccation defects, as a means of identifying potential Sjögren's patients. When such patients are identified, practitioners should be ready to not only prescribe appropriate treatment for the ocular manifestations of the condition, but to also provide appropriate counseling and referral to other health care practitioners as warranted.

Sjögren's syndrome is one of the nation's most prevalent autoimmune disorders; with upward of 4,000,000 Americans suffering from the condition. Nine out of 10 Sjögren's patients are women. Although early diagnosis and treatment are critical in preventing complications, Sjögren's syndrome goes undiagnosed on average for

nearly seven years following initial onset.

With dry eyes being a hallmark symptom, optometrists clearly have a potentially important role in both the diagnosis and care of the condition. Identifying, diagnosing and managing Sjögren's Syndrome is a multi-disciplinary endeavor.

*With dry eyes being a hallmark symptom, optometrists clearly have a potentially important role in both the diagnosis and care of the condition.*

Optometry is uniquely positioned to see Sjögren's patients during routine eye exams. Referrals for rheumatological, gastrointestinal, neurological, dermatological and dental consultations often assist these patients with their myriad of symptoms. Working in concert with other specialists to fine-tune and personalize the management of patients with Sjögren's syndrome offers the best outcomes for these patients. Frequently, the primary care optometrist can be the doctor that offers answers to a patient's symptoms that have gone undiagnosed for years.

Many would argue that there is inadequate awareness of Sjögren's Syndrome among both health care practitioners and the general public. Given the range of materials available for health care professionals, optometrists can easily hone their diagnostic skills to better diagnose this notoriously under-diagnosed condition. And with the range of patient resources available, just about any practitioner can easily begin providing patient counseling when Sjögren's syndrome is diagnosed.

## About Sjögren's syndrome

Sjögren's Syndrome is a chronic slowly progressive autoimmune disease that results in inflammation of the exocrine glands of the body. It

is most commonly characterized by dryness of the mouth and eyes. Since the disease was first identified in 1933 by Henrik Sjögren, M.D., it has been proven to affect virtually every racial and ethnic group. Sjögren's symptoms frequently overlap with or "mimic" those of other diseases including lupus, rheumatoid arthritis,

fibromyalgia, chronic fatigue syndrome, and multiple sclerosis.

This autoimmune illness involves inflammation in exocrine glands of the body that are responsible for producing tears and saliva, as well as the other moisture secreting tissues of the body.

Inflammation of the lacrimal glands leads to decreased production of tears leading to dry eyes. Inflammation of the

glands that produce the saliva in the mouth salivary glands leads to dry mouth and dry lips. Other glands that can become inflamed, though less commonly, in Sjögren's syndrome include those of the lining of the breathing passages (leading to lung infections) and the vagina (sometimes causing pain during intercourse or recurrent vaginal infections).

Although the hallmark symptoms are dry eyes and dry mouth, Sjögren's may also cause other dysfunctions including fatigue, joint pain or inflammation (arthritis), Raynaud's phenomenon, lung inflammation, lymph node enlargement, and kidney, pancreas, nerve, and muscle disease. Ultraviolet (UV) radiation from the sun and other light sources can affect Sjögren's patients, leading to skin rashes, disease flares, eye sensitivity and pain.

About half of the time Sjögren's occurs alone; the other half it occurs in the presence of another autoimmune connective tissue disease such as rheumatoid arthritis, lupus,

or scleroderma. When Sjögren's occurs alone, it is referred to as "Primary Sjögren's." When it occurs with another connective tissue disease, it is referred to as "Secondary Sjögren's."

The exact cause of Sjögren's Syndrome is not known. However, there is growing evidence that it occurs due to genetic factors. The illness is sometimes found in other family members. It is also found more commonly in families that have members with other autoimmune illnesses, such as systemic lupus erythematosus, autoimmune thyroid disease, type I diabetes, etc. All instances of Sjögren's are systemic, affecting the entire body. Symptoms may remain steady, worsen, or, uncommonly, go into remission. While some people experience mild discomfort, others suffer debilitating symptoms that greatly impair their functioning. Early diagnosis and proper treatment are important — they may prevent serious complications and greatly improve a patient's quality of life.

## Health care provider resources

Information on Sjögren's Syndrome is available from a number of sources including the Sjögren's Syndrome Foundation (SSF) which offers a range of information and tools to assist health care practitioners in diagnosing Sjögren's and managing its complications for patients. The following are available free-of-charge from the SSF.

**The Sjögren's Quarterly** — This medical and scientific newsletter is distributed free-of-charge to thousands of health care providers in rheumatology, ophthalmology, optometry, dentistry, and research. It features the latest news in Sjögren's research and treatment and best practices, written and edited by experts in Sjögren's.

**Educational brochures** — The foundation offers a selection of brochures and fact sheets free of charge to health care providers for their offices. Sjögren's patients commonly have a number of questions about the disorder, the foundation notes. The easy-to-comprehend educational brochures and fact sheets have been developed to help those individuals understand the condition. The foundation releases new brochures and fact sheets monthly.

### Professional education opportunities —

The SSF offers educational opportunities for health care providers and their staff to attend the foundation's Patient Seminars and National Patient Conferences free of charge. Information on upcoming seminars is available through the foundation offices.

**The Sjögren's Book** (Oxford University Press) has been developed by the SSF as the "Bible for Sjögren's," designed to help both patients and health professionals understand the many aspects of the disease. Edited by renowned rheumatologist Daniel J. Wallace, M.D., the book offers 35 chapters, all authored by internationally recognized experts in their fields, with in-depth information on genetics, the nervous system (central, peripheral and autonomic), vasculitis, gynecology and pregnancy, the gastrointestinal (GI) tract, lymphoma, musculoskeletal pain, vitamin D, and other topics.

In addition, the foundation offers for purchase a number of books, audio CDs, and its Moisture Seekers clinical publication. Practitioners can order or download resources on the foundation's website ([www.sjogrens.org](http://www.sjogrens.org)).



# Optometry Hall of Fame announces 2012 inductees

**T**he National Optometry Hall of Fame, administered by Optometry Cares®—The AOA Foundation, will induct five new members into the elite group of optometrists during a ceremony at Optometry's Meeting® on Thursday, June 28 at 7 p.m.

This year's inductees include Kevin Alexander, O.D., Ph.D., James A. Boucher, O.D., William "Billy" Cochran, O.D., Frank Fontana, O.D., and Thomas L. Lewis, O.D., Ph.D.

## **Kevin Alexander, O.D., Ph.D.**

Dr. Alexander is a 1976 graduate from The Ohio State University College of Optometry. After receiving his graduate degrees, he taught at his alma mater for seven years.

In 1987, Dr. Alexander became the center director for The Eye Center of Toledo. While there, he created an optometric co-management network. In 2000, he left clinical optometric care to become dean of the Michigan College of Optometry at Ferris State University. His leadership there led to full accreditation of the doctor of optometry program, an increase in the number of residency programs and the beginning of a capital campaign.

Dr. Alexander became



**Dr. Alexander**

president of the Southern California College of Optometry in 2008 where he established a graduate degree program leading to an MS degree.

Dr. Alexander has also spent countless hours volunteering for optometric organizations. For six years he served as a regional consultant for the Council on Clinical Optometric Care. He served on the AOA Board of Trustees for 10 years and was president in 2007-2008. Dr. Alexander has also been a member of the Board of Directors of the Association of Schools and Colleges of Optometry (ASCO) since 2000. He is the 2011-2012 ASCO president.

## **James A. Boucher, O.D.**

Dr. Boucher is a 1961 graduate of the Southern College of Optometry (SCO). After graduation, he served in the United States Air Force until 1964. Since 1966, he has been in practice at the Snowy Range Vision Center in Laramie, Wyo.

Dr. Boucher has held leadership positions with several optometric organizations. He was on the AOA Board of Trustees (1979-1982), chair of the Education and Manpower Division, Executive Committee (1973-1974), chair of the Contact Lens Section (1986-1987), and chair of the Commission on Ophthalmic Standards (1977-1979). Dr. Boucher served as Wyoming Optometric Association president from 1976-1978.

Dr. Boucher has taught at numerous institutions, including: Illinois College of Optometry; University of Houston College of Optometry; and Pacific University College of Optometry.

Dr. Boucher has received



**Dr. Boucher**

many honors, among them are Lifetime Achievement Award (SCO) in 1999, The Harvey W. Wiley Medal/Food and Drug Administration Commissioner's special citation in 1995, and the AOA Optometrist of the Year in 1978.

## **William "Billy" Cochran, O.D.**

Dr. Cochran, a third-generation optometrist, graduated from SCO in 1968. He then served as a captain in the U.S. Army's Medical Service Corps.

After completing his military service, Dr. Cochran spent 13 years in a private-practice, primary care optometry partnership in Mississippi.

In 1984, Dr. Cochran was named president of SCO, and he began to make changes to move the college beyond its regional image and into the national arena of optometric education.

Under Dr. Cochran's leadership, SCO began working to fund scholarships and to improve academic standards. He implemented a student recruitment program that saw student enrollment grow from 90 to 120 entering students per year.

By his second decade as SCO president, Dr. Cochran had improved and stabilized

the college's finances. This strengthened the college's ability to meet the educational, clinical and technological needs of the students.

By the late 1990s, the college had outgrown its clinical facilities. SCO launched capital campaign to construct The Eye Center at SCO, a freestanding clinic designed as a long-term teaching and patient care facility. The Eye Center at SCO opened in 2002 as the largest facility of its kind in the United States.

Within the AOA, Dr. Cochran served on the Task Force on Negotiations in 1974. He also served on the Nominations Committee and in the House of Delegates. He spent four years on the AOA's Leadership Development Committee and five years as AOA Keyperson.

Dr. Cochran was active in the Mississippi Optometric Association (MOA). He served as the MOA's Legislative Committee chairman from 1972-1974. He spent three years on the MOA's board before becoming president in 1978.

Dr. Cochran was also on the board of ASCO. He spent nine years on ASCO's Executive Committee and served as president in 1991. Additionally, Dr. Cochran served on the Board of Directors of the National Board of Examiners in Optometry (NBEO).



**Dr. Cochran**



## **Dr. Fontana Frank Fontana, O.D.**

Dr. Fontana is a 1949 graduate of the Illinois College of Optometry. He specializes in contact lenses. Throughout his career, he has been involved with clinical investigations, consulting, writing and lecturing.

Dr. Fontana has shared his knowledge by authoring more than 60 articles and through his many speaking engagements. He has been a contributing editor for the *Contact Lens Forum*. Since 1999, Dr. Fontana has been a consulting editor for *Review of Optometry*.

Dr. Fontana served as chair of the AOA's Contact Lens Committee from 1979-1981, was co-founder of the AOA's Contact Lens Section in 1981 and a member of the Communications Committee from 1985-1986. Dr. Fontana was also the chair of the Third Party Committee for the Missouri Optometric Association and an optometric examiner for the Federal Trade Commission.

Dr. Fontana has been an adjunct assistant professor and a member of the research panel of the Center for Corneal and Contact Lens Research at the University of Missouri at St. Louis College

*See Hall of Fame, page 36*





## PRACTICE ADVANCEMENT

[www.aoa.org/PracticeAdvancement](http://www.aoa.org/PracticeAdvancement)

# Location, location, location: analysis is essential when starting a practice

By Chad Fleming, O.D., AOA Practice Advancement Committee

I remember the day I started second-grade. It was the day I rode my bike to school for the first time, and it was the day I think my mom cried from when I left until I came home. Starting anything new brings with it many mixed emotions. For some, the emotions are exhilarating and for others suffocating. Unlike second-grade, there is more risk involved in beginning a new practice.

One of the key components of beginning a new practice is risk management. In preparation for beginning a new practice, there are a couple of key initial areas to focus on. With the availability of the Internet, this does not take the time nor energy that it once did because most all the information you need can be found on wikipedia.

I know, I know, wikipedia is not a peer-reviewed source. It is, however, a great tool that will have key statistics of the potential practice location, and that is a

great place to start.

Another great resource is the town chamber of commerce website. This will allow you to find a couple of key components for starting a practice (demographics of the area, median household incomes, ages in the household, schools nearby, etc.).

In high-growth areas be aware that the information on the website may not be the most current.

Much of the information

See Location, page 36



### AOA Webinar Series

A FREE Member-Only Benefit

#### Power of Your Pen:

#### Comparing the needs of your practice with the terms of provider agreements

Dr. Brownlow will discuss the various facets of a practice that should be considered when making decisions to accept, negotiate, or reject an insurer's provider agreement. Contracting decisions need to be made carefully and thoughtfully to protect the best interests of patients, staff and doctors, based on the unique characteristics of each practice.

Tuesday, May 8 11a.m. CDT

Tuesday, May 22 11a.m. CDT

#### Register Today!

[www.aoa.org/WebinarSeries](http://www.aoa.org/WebinarSeries)

[www.aoa.org/ArchivedWebinars](http://www.aoa.org/ArchivedWebinars)

## AOA Member Advantage

### What is AOACodingToday and why do I need it?

By Ron Rush, vice president, Sales and Marketing

Attention all AOA members! We would like to remind you about the AOA online coding and reimbursement database—AOACodingToday. This is a FREE AOA member benefit. Developed and administered by Physician Reimbursement Systems (PRS), the database is a complete coding and billing tool that will help you determine the proper coding and billing rules for accurate reporting of your services for reimbursement. Take the time to explore the features of AOACodingToday and tap into the benefits of resource data like the ones mentioned below:

- ❖ All Current Procedural Terminology (CPT) codes with full descriptors;
- ❖ All ICD-9-CM diagnosis codes;
- ❖ The complete national Correct Coding Initiative (CCI) edits used by Medicare
- ❖ Medicare coding rules, including the fee schedule for each state and location, payment status of the codes, modifier rules, and carrier-specific Medicare payment rules.
- ❖ A Fee Multiplier that allows users to multiply fees based on a percentage entered. This allows physicians who have contracts with private payers to provide services based on a percentage of Medicare to check fees against what they are getting paid using

the modified Medicare fee schedule.

Do I need AOACodingToday in addition to my EHR if my EHR already has coding information?

In most cases the answer is YES. You do need the information in AOACodingToday in addition to your electronic health record (EHR) system. The EHR is primarily designed to capture the historical clinical data associated with a patient. The typical EHR system does not include the additional level of support information that is often required to properly submit a claim to an insurance company. Below are a few of the areas that AOACodingToday allows you to review pertinent rules before submitting your claim. By using this information you will likely reduce the chances of costly delays in payment for the services you provide:

- 1) Medicare Carriers may develop specific rules regarding the services you are providing. AOA CodingToday offers a convenient way to look up those Local Carrier Determinations and National Coverage Decisions. These tell you what diagnosis codes will be paid with the CPT code you selected. Additionally, the determinations will identify circumstances that will result in denial or if additional information is needed to obtain payment.
- 2) AOACodingToday also includes the up-to-date

Correct Coding Initiative and a userfriendly tool called the Bundling Matrix to verify if CPT codes can be billed together on the same date of service and/or if a modifier is required to obtain payment. The Bundling Matrix also alerts you to any restrictions for modifier use with a given CPT code, with easy access to modifier descriptions to direct you to the information you need to get paid.

3) Rank order billing assistance can be easily viewed in the Bundling Matrix helping you list CPT codes from highest relative value to lowest, avoiding the games played by some insurance companies paying lowervalue procedures at 100 percent while reducing payment for highervalue procedures under multiple procedure guidelines.

4) It is very easy to identify work relative value units for each CPT code to help determine which services will provide you with better productivity under productivity-based contracts.

All information in this Internet-based program is housed in a secure site and updated as rules change. To access the database, go to AOACodingToday.com. Follow the simple instructions to log on to as a user. Remember AOACodingToday is a FREE member benefit and is made available all AOA members and their staff members!



American Optometric Association

Member Advantage

[www.aoa.org/MemberAdvantage](http://www.aoa.org/MemberAdvantage)

AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton (Malpractice Insurance)

AOA Coding Today

AOA Ophthalmic Resources On-Demand

Bank of America Card Services

Bank of America Merchant Services

EyeCarePro

Members' Retirement by AXA-Equitable

OMG National

ReimbursementPLUS®

United Parcel Service, Inc.

VisionWeb

Wells Fargo Practice Finance

**Through a network of suppliers, Member Advantage provides savings on valuable business, finance and insurance products and services for your practice.**

# Finding the perfect fit just got easier.



## [www.optometrycareercenter.org](http://www.optometrycareercenter.org)

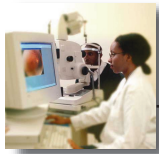
Free to all members, Optometry's Career Center® (OCC), the premier professional development resource for optometry, provides optometrists access to opportunities throughout the practice lifecycle.

- **Post Your Resume**
- **Search for the Perfect Opportunity**
- **Find a Practice to Purchase**
- **Post Staffing Opportunities**
- **Advertise Your Practice for Sale**

 **Optometry's Career Center®**  
AOA'S PREMIER PROFESSIONAL DEVELOPMENT RESOURCE

Supported by: **MARCHON** & 





## MEDICAL RECORDS & CODING

# 'Ask the Codeheads'

### Resident expert answers potpourri of members' coding questions

Edited by Chuck Brownlow,  
O.D., Medical Records  
consultant

It's been an interesting month at the *askthecodingexperts@aoa.org* desk. Lots of great questions, including some that appeared to be facing many offices at the same time. I've taken the liberty of extracting some of my suggestions/responses and have "cleaned them up" for the column this month.

*Q: I'm frustrated with some of the provider agreements I've signed over the years and would like to make decisions as to which plans to renew, which to re-negotiate, and which to "wean" from the plans we participate in. What opportunities do I have for doing this and how do I make those decisions?*

A: You have one big opportunity to impact the fees an insurer pays you and that is your decision whether to accept the contract in the first place. It's important to carefully consider all facets of the agreement at that time. Items to consider are the fees they offer compared to your usual fees and the costs of providing care in your own practice, whether the agreement permits you to provide your patients care for all covered services within your scope of practice, whether you have openings in your schedule that might be filled if you accept the agreement, etc.

This first opportunity is followed, usually annually, by opportunities to accept or reject the agreement at renewal time. In my opinion, you should go through the same process at renewal time that you did with the original agreement. Your practice changes from year to year, and so do your professional and personal goals. A plan that may have fit your practice and your patients one

year may no longer fit a year or two later.

All health care providers should be carefully scrutinizing key elements of every agreement annually and negotiating any condition in the agreement that doesn't match the internal "requirements" established by the provider. This process requires thought and preparation, of course.

Keep in mind that health plans are businesses, and

ponents of each provider agreement.

- ❖ If the components of the contract match the parameters you've established, you will probably renew the contract.

- ❖ If one or more of the components falls short of your parameters, prepare to negotiate with the insurer.

- ❖ Inform the insurer you wish to negotiate those components prior to accepting or rejecting the contract or

*Most important, don't be in a hurry. Hasty EHR choices have cost some of our colleagues financially and personally, with loss of key staff people, etc.*

good businesses purchase materials and/or services as cheaply as possible while doing all they can to ensure the quality of the materials and services they provide to their "customers." As businesses, they are unlikely to increase payments to a provider unless the provider informs them payments are no longer adequate.

Start this process now by following these steps:

- ❖ Meet with your accountant and other advisers to develop parameters for acceptable provider agreements for your practice. Make decisions on fees, scope of practice, etc., that can be used to match provider agreements against the needs of your practice and your patients. These decisions will be unique to your practice. You must create them.

- ❖ Pull out all current agreements. If you can't find one or more of them, contact the insurer and ask for a copy of the current contract as well as the next renewal contract if it is available.

- ❖ Compare the parameters you've developed to the com-

renewal.

- ❖ If an insurer refuses to negotiate and provides you with a "take it or leave it" choice, discuss the options with your advisers and make a decision.

*Q: Many of my colleagues have begun using electronic health records. I'm getting a little nervous. Should I be climbing aboard this train or holding off for better products down the road?*

A: This is a great time to be comparing EHR software. You can get good online demos, ask lots of questions, and begin sorting out the ones that seem to best fit the way you practice and the specific needs you have relative to practice management, patient records, claims submission, etc. Most important, don't be in a hurry. Hasty EHR choices have cost some of our colleagues financially and personally, with loss of key staff people, etc. The Health Information Technology for

## AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- ❖ [AOA.org/Coding](http://AOA.org/Coding) features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.

- ❖ [AskTheCodingExperts@AOA.org](mailto:AskTheCodingExperts@AOA.org) offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.

- ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.

- ❖ AOACoconnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing ([connect.aoa.org](http://connect.aoa.org)).

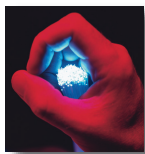
- ❖ [AOACodingToday.com](http://AOACodingToday.com) is an AOA member-only benefit available to all AOA members at no cost (previously \$349). CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.

- ❖ [AOA.ReimbursementPlus.com](http://AOA.ReimbursementPlus.com) Suite, a customized version of the industry-leading CPT Data & Information Service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, CMS reimbursements, national and located coverage rules, CCI edits and any other CPT information desired, all specific to the practitioner's ZIP code. [AOA.ReimbursementPlus.com](http://AOA.ReimbursementPlus.com) provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.

- ❖ Codes for Optometry is provided by the AOA's Order Department for \$135. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. The AOA is excited to bring this expertise directly to members' offices as a value-added member benefit. Much of these benefits are provided at no cost or at greatly reduced cost to AOA members.

See Codeheads, page 36



## EYE ON TECHNOLOGY

# Optometry has options in clinical apps for smartphones

By Geoffrey G. Goodfellow, O.D., and Dominick M. Maino, O.D.

It wasn't looking very good. According to posters presented at a recent American Academy of Optometry meeting, most of the smartphone apps really did not do what they said they did. These apps seldom met the criteria expected by the researchers. But don't dismay, if the color vision, visual field and visual acuity apps do not meet the necessary levels for appropriate examination criteria, there are other apps that are still very useful.

**Medscape:** This app has more than 7,000 drug references, 3,500 disease references, and 2,500 medical images, as well as procedure videos, a drug interaction tool checker, continuing education activities, and much more.

When you first log on, you are given a choice of tapping News, References or Education. Recently when we tapped the News section, we learned about adjustable sutures for strabismus surgery, Botox for strabismus, and about 45 dubious medical tests. (As noted in recent articles in *Optometry & Vision Development* and on the blog MainosMemos (Mainos

Memos.blogspot.com) both adjustable sutures and Botox are not a very effective for strabismus.)

When we clicked on References, we had a choice of drugs, over-the-counters (OTCs) and herbals; diseases and conditions; procedures; drug interaction checker; a health director and Medline. The last offered choice was CE. All of these appear to do what they say they do and are

health record programs and mandated by many health care plans? Do you know what's considered normal for someone age 12-15 years? Skyscape will tell you (heart rate 60-115/min, respiratory rate 12-22/min, systolic blood pressure (BP) 92-136, diastolic BP 50-80). Are you an AOA InfantSEE® doctor? If you are and you choose to assess the child's blood pressure, do you know the expect-

app offers the option for paid access to several resources such as the journal *Evidence Based Guidelines: Ophthalmology*; *Cochrane Reviews*, and more.

Optometrists see many patients with strabismus and they frequently have a vertical anomaly present. Determining the affected muscle can be most challenging. That's why after we use the Park's 3-Step method to verify the affected

that shows the greater vertical deviation. The affected muscle is then confirmed.

Finally, there is the EyeDoc app. This is a subscription-based smartphone app that has a great deal to offer. It has the ability to search for nearly 500 soft lenses and 1,000 gas-permeable contact lenses by name, company, or various parameters.

This app gives you additional information on 130 topical ophthalmic medications, ICD-9 diagnostic codes, and various clinical tools and calculators as well as patient education tools, simulators, images and drawings.

These apps are used by our colleagues every day. They provide the many tools we need to make our job a bit easier and our many patients a bit happier with the diagnoses and treatments we provide for them. Use them and then let us know what think.

*Dr. Maino is a professor of pediatrics and binocular vision at the Illinois College of Optometry (ICO). He can be contacted at dmains@ico.edu. Dr. Goodfellow is an associate professor of optometry at ICO and the college's assistant dean for curriculum and assessment. He can be contacted at ggoodfel@ico.edu.*

*They provide the many tools we need to make our job a bit easier and our many patients a bit happier with the diagnoses and treatments we provide for them.*

easy to use. My Medscape app is something we frequently use to help us with patient care.

**Skyscape:** When you conduct vision information processing assessments, you must know the age of the patient you are testing. If your mathematical abilities are lacking, Skyscape, under the Archimedes button, has a miniapp "Age by DOB" that will calculate the age precisely for you.

Are you routinely taking vitals on all your patients as directed by most electronic

ed BP for an infant 6-11 months of age? Once again, Skyscape informs you that a systolic BP of 70-114 and diastolic BP of 40-75 are considered normal.

The Outlines in Clinical Medicine has articles from Down syndrome, to glaucoma, to age-related macular degeneration. It should be noted that when searching *blindness*, one of the statements that appears is that routine screening in a primary care health setting has not be shown to be beneficial. Skyscape also has an prescription drug listing as well. This

muscle, we double-check it with the app, Automated Park's 3 Step by Canadian optometrist Robert Burke, O.D.

This easy-to-use app instructs you to answer several questions, including "In primary gaze, which eye is the hyper eye? After you input the answer, it then asks you to rotate the smartphone right or left to simulate the patients head turn that makes the hypertropia worse and finally it asks you to rotate the phone clockwise or counter clockwise to simulate the direction

## AOA Order Dept. features See Better, Play Better prints



"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Order Department.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

All prints come ready to hang with hardware included and no framing required.

Prints are \$89 for AOA members and \$133.50 for non-AOA members (plus shipping and tax where applicable).

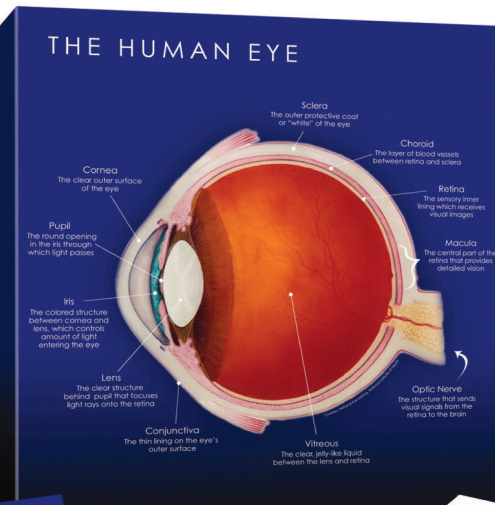
Prints can be viewed on the AOA Brand Promise website at [www.aobrandpromise.com](http://www.aobrandpromise.com).

To order call the AOA Order Department at 800-262-2210 or log onto [www.aoa.org/onlinestore](http://www.aoa.org/onlinestore).



# The Art of Optometry

Educate patients with five,  
eye-catching diagnostic  
visuals

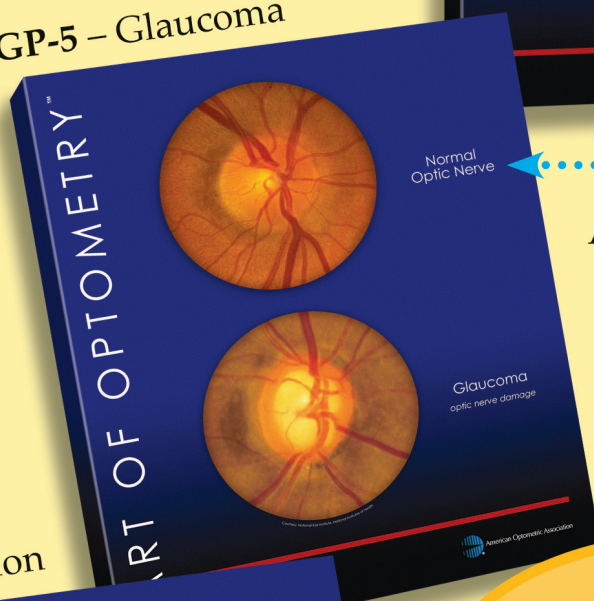


## GP-9 – The Human Eye

### In Focus

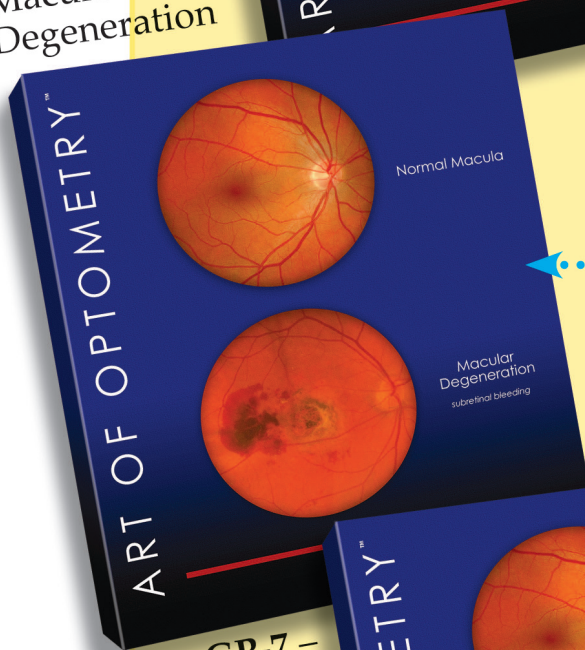
Professional, easy-to-  
understand graphics  
and text

## GP-5 – Glaucoma



All canvases  
shown are  
20"x 24";  
NO  
additional  
framing  
required.

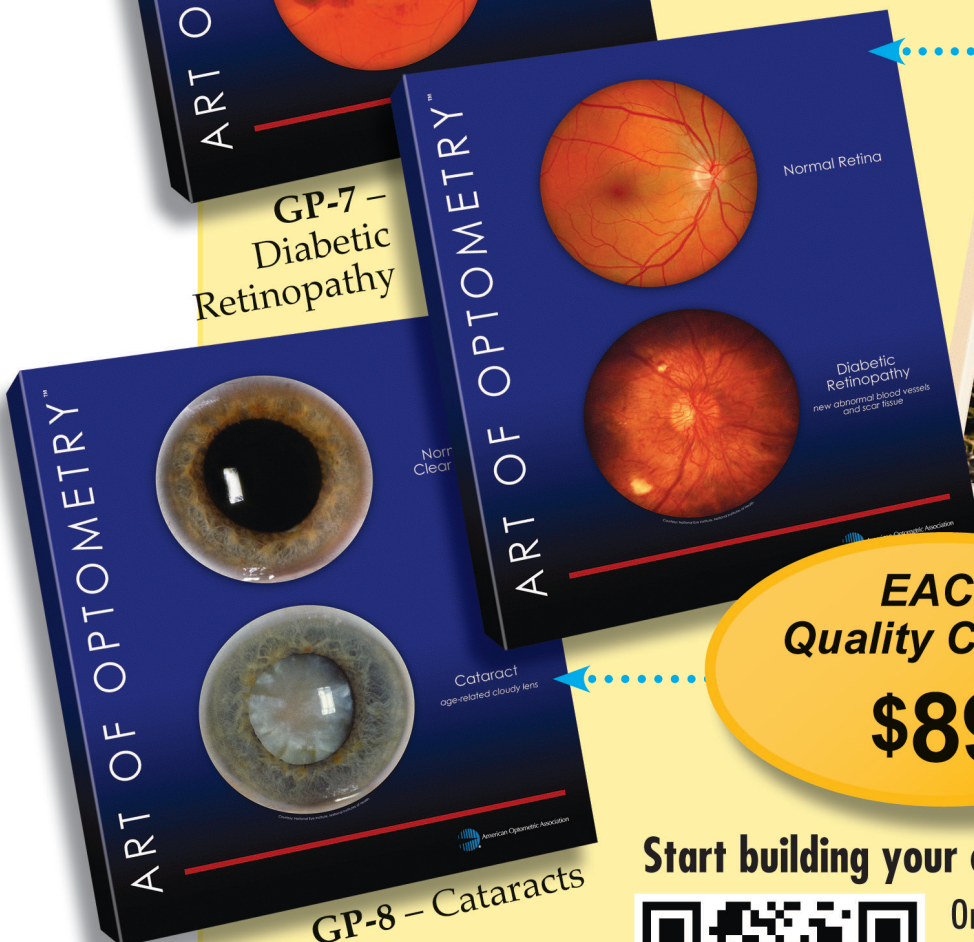
## GP-6 – Macular Degeneration



Display  
individually or paired  
with each corresponding  
canvas  
(\$178 Per Pair)

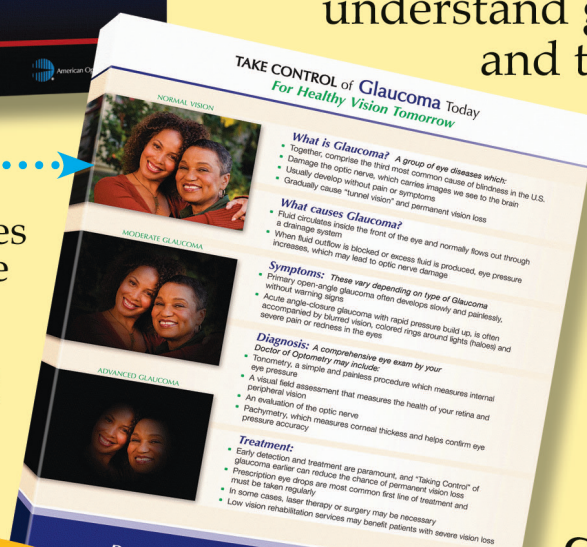
Ready to hang (*hardware included*)  
in your exam room or  
lobby

## GP-7 – Diabetic Retinopathy



**EACH  
Quality Canvas  
\$89**

## GP-8 – Cataracts

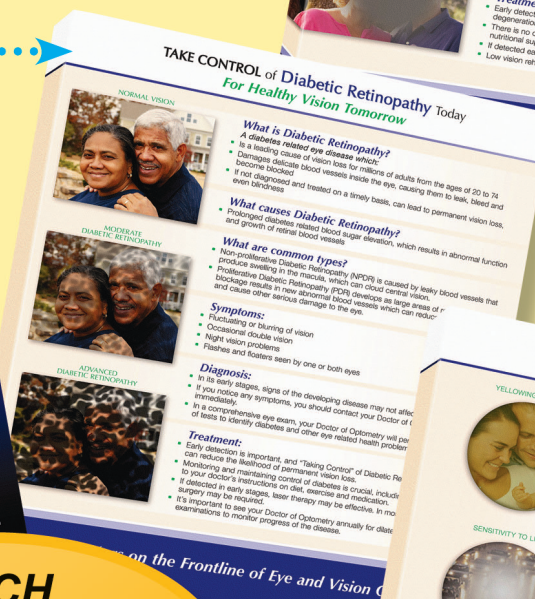


## GP-1 – Glaucoma

## GP-2 – Macular Degeneration



## GP-3 – Diabetic Retinopathy



## GP-4 – Cataracts



Start building your collection today.



Order online by visiting  
[www.aoa.org](http://www.aoa.org) and clicking  
on the online store, or call 800.262.2210.  
Visit [www.aoapracticegrowth.com](http://www.aoapracticegrowth.com) or scan the QR code  
to take a closer look at our complete collection.

"Plus shipping & tax where applicable."





Check out *Practice Strategies*, a popular section of *Optometry*, now in the *AOA News*, with expanded content and timely resources.

### The practice management consultant

# Practitioners need to size up the competition

By Gary Gerber, O.D.

It seems as American as apple pie. Over the years, everyone from the military to business tycoons to football coaches have used discreet and not-so-discreet methods to get “inside information” on the competition and, as a result, gain a competitive advantage.

Gathering competitive intelligence can also pay off for an eye care practice, supporting it in such areas as customer service, marketing and operations. Yet, most practitioners remain in the dark when it comes to knowing much about their competition, at times dismissing it as “none of my business.” That’s like a boxer getting into a ring without knowing the opponent has a deadly left jab or gets rattled after too many blows to the midsection.

## What you can do

Learning about the competition begins by paying

close attention to the kinds of information they make readily available. What and where do they advertise? How do their prices com-

pare? How do they position their services? Look at their websites. Are they user friendly? What services do they push? Do they have an online newsletter? Can appointments be made online? How large is the staff?

*One of the best ways to gain a competitive advantage is to know everything you can about your competitors.*

parisons? How do they position their services? Look at their websites. Are they user friendly? What services do they push? Do they have an online newsletter? Can appointments be made online? How large is the staff?

Mystery shopping is a good way to discover less obvious information. A staffer or professional shopper would telephone and visit other practices as a prospective patient to find answers to such questions as:

- ❖ How is the phone answered?
- ❖ How is the phone answered?

Very often the first impression one has of any business is how they answer the phone (from number of

enthusiasm of someone awakened from a deep sleep, does your competitor have a perky staffer who picks it up on the first ring and immediately engages the caller?

Something as simple as how the staff answers the phone can make a huge difference in converting prospective patients. If nothing else, it can be a wakeup call to your staff that they can no longer answer the phone as though they were doing the caller a favor.

- ❖ What insurance plans do they accept?

If you discover that you’re the only practice in town, for example, that accepts the insurance provided by a large employer, it

may be an opportunity to promote this to their employees. It also may help you realize that you offer more or different plans than the com-

petition and have a cash-patient fee schedule lower than it should be.

- ❖ Do they offer weekend or evening hours?

This can certainly become a point of differentiation that can be marketed – whether you already offer those hours or will in the future – especially if you learn that you accept several of the same insurance plans. Many people may assume they have no other options when it comes to making appointments with their doctor and would be pleased to learn they can see you on a Saturday morning or Thursday evening.

- ❖ How far in advance do they schedule appointments?

If a competitor is prepared to stick a patient in the next day, is it any mystery that you’re at a disadvantage if you routinely schedule a month out? Conversely, if other practices have lengthy waiting times, it may be an opportunity to try to condense your scheduling in order to provide yourself with an edge in this department.

- ❖ What kinds of frame selection do they offer and how do their prices compare?

Just like one athletic footwear dealer would want to know the varieties and prices of running and basketball shoes sold across town, you should know whatever you can about your competitors’ inventory. The cost of certain frames can vary dra-

matically between practices located just blocks apart. You may realize that your selection and prices may offer a big competitive advantage if communicated effectively (or that your prices need to be lowered in order to be competitive).

A mystery shopper should be able to appraise the competition both objectively and subjectively. This may also include obtaining information on accessible parking, waiting room decor, number of examination rooms, diagnostic tools, courtesy of staff, dispensary, staff size, office traffic, etc.

To do this right, put a responsible staffer or professional in charge of overseeing the project, which includes cross referencing the findings onto a single document that will allow for easy comparisons.

This, in turn, can be converted into a SWOT analysis that examines the competitive landscape in terms of Strengths, Weaknesses, Opportunities and Threats. Like a football coach who knows that the opposition is likely to run on first down or has a rookie cornerback who can be exploited by his fastest receiver, it will allow you to adjust your marketing and communications programs, tweak your customer service, and make the changes in your operations that can give you a decided advantage.

Gary Gerber, O.D., is the president and founder of *The Power Practice*®, a practice management consulting company. He can be reached at [drgerber@powerpractice.com](mailto:drgerber@powerpractice.com) or 800-867-9303 ([www.facebook.com/ThePowerPractice](http://www.facebook.com/ThePowerPractice) and [@PowerYourDream](https://twitter.com/PowerYourDream)). Opinions expressed are those of the author and not necessarily those of the AOA.

## AOA order department introduces friends and family referral kits

“Friends & Family Referrals, Visually Simple” is a turn-key solution that promotes “Word of Mouth” practice growth, with canvas artwork kits being offered by the AOA Order Department. Featuring your choice of four customized designs, learn how easy it is to distribute more referral cards with less time. Each branded kit includes: eye-catching 24” x 30” canvas artwork with your logo, 1,000 referral cards with holder and small footprint display easel. With a member price of only \$299 (plus shipping and tax where applicable), your practice growth kits will provide an excellent return on investment, by stimulating new referrals on a consistent basis. To professionally build success on success, affordable thank you cards are also available. Stated simply, mailing personalized thank you cards, with more referral cards, is a low-cost and proven practice builder.

Friends & Family designs can be viewed on the AOA’s Practice Growth website at [www.aoa.practicegrowth.com](http://www.aoa.practicegrowth.com).

To order, call the AOA online store at 800-262-2210 or log into [www.aoa.org/onlinestore](http://www.aoa.org/onlinestore).







## PARAOPTOMETRIC PARTNERS

# Understanding multicultural differences

By Jill J. Luebbert, CPOT

America has long been known as the melting pot of cultures. The amalgamation of the cultures has given the United States its unique perspective and flavor, making our communities unlike any other place in the world. Our multicultural communities bring a variety of foods, fashion, religion, and convictions into our society and into our eye care practices.

Integrating a multicultural atmosphere in your practice involves every member of the eye care team.

get involved.

Develop positive relationships within the community by becoming involved in local activities. You and every member of your eye care staff have opportunities to get involved.

As eye care professionals, each one of us can bring our unique knowledge and skills to venues such as schools and libraries, as well as civic and church groups.

Topics of discussion could include the benefits of maintaining regular eye care, eye health issues, or something new and exciting in vision care.

*Your practice can set itself apart from the crowd and expand into markets that might be overlooked.*

It is important that each staff member achieve an understanding of the patients' cultural differences. How can you prepare your team for the variety of dynamics of the ethnic diversities we might encounter in the practice?

Research and role-playing can help create a cultural sensitivity atmosphere in your practice. You and your team may already have a pretty good idea about the variety of ethnic backgrounds in your community.

You may also use online resources such as [www.local-census.com](http://www.local-census.com) or contact your chamber of commerce for specific percentages and numbers on the diversity in your community population.

Your practice can set itself apart from the crowd and expand into markets that might be overlooked.

A little research can assist you in developing a marketing strategy to reach and expand your patient base.

The ultimate goal is to provide primary eye care to the members of our communities.

We may designate budgets to internal and external marketing, or we can simply

This is also our opportunity to reach across cultural boundaries to promote the benefits of eye care and what your practice can offer.

This is also your chance to invite new patients and new cultures into your office.

Research cultural differences to help your office prepare for some of the unique characteristics found among different cultures and prevent someone in your office from inadvertently offending the patient.

Several books and online resources are available to assist you in learning about specific cultural preferences.

Establishing a trust among patients is always a key factor in the outcome of the patient experience. This trust factor becomes even more critical when you are working with cultures other than your own.

Here are a couple examples of cultural misunderstandings:

❖ Asian Americans tend not to make eye contact with others. This is done as a sign of respect. If your team is not prepared for this, the lack of eye contact could be misinterpreted as shyness or "not pay-

ing attention."

❖ Hispanics hold respect for others in high regard. Therefore, using the patient's first name only when attending to the patient may be interpreted as disrespectful or insulting.

Staff meetings provide a great platform for you and your team to role play and increase the understanding of cultural preferences.

You might be surprised at how easy it can be to "slip up." Role-playing gives us the opportunity to become more prepared to interact with other cultures in a respectful and professional manner.

The doctor and team members each play an important role in establishing that positive patient experience. We can each step back and look at our office through the eyes of a new patient and especially through the eyes of a culturally diverse patient.

Our reception area is a great place to begin in establishing a familiar multicultural atmosphere.

Reading material and cultural artwork geared to the cultures found in your neighborhoods will set a welcoming tone. There are a variety of magazines and other reading materials available designed specifically for interests of specific cultures. The assortment of reading selections will show all of your patients that your practice welcomes the community to your office for their eye care.

The forms we use in the office for welcome, history or other data collection are instrumental to patient flow and the examination process. Having these forms available in languages that are more comfortable to new patients will show them we are sensitive to their needs.

Translating these forms into languages used in our communities can be done by a team member with foreign language skills or by a local high school or college. This active communication project will ease the patient entry process

for both the patient and the office.

If you or members of your staff have a multicultural background, this is your time to shine and enlighten the rest of the team. Share your experience and insight.

Bilingual skills offer the practice a unique opportunity to make the patient more comfortable and enhance the credibility of care to the patient.

Many times, we are asked to rely on a member of the patient's family to translate and hope that the information is being explained correctly.

Bilingual skills employed by yourself or a member of your team can confirm the information is being shared correctly between the doctor and the patient, as well as the patient to the doctor, to ensure the most accurate eye examination results.

Once the eye examination is complete, is your office ready to offer the options your patients seek? High-end prod-

ucts in eyewear and contact lenses are often sought after by patients of different ethnic backgrounds.

In general, black and Hispanic patients lean heavily toward a preference for brand-name eyewear and colored contact lenses. It would be a shame to offer a quality eye examination and then not offer these patients the high-end products they may want. They may feel they need to go elsewhere for their prescription needs. You might lose the opportunity to keep this patient and possibly their family coming to your office.

The complete eye care experience will be enhanced by being prepared to offer the patient high-end or brand-name products.

A multicultural eye care practice demands a total team effort. Respect and understanding of other cultures in your community can be a positive experience for your community and your practice.



## Attention students!

Tap into your membership resources in the Contact Lens & Cornea Section, Sports Vision Section and Vision Rehabilitation Section, all available at your fingertips. Learn more at [www.aoa.org/sections.xml](http://www.aoa.org/sections.xml).

Get the latest techniques from the experts in the field, stay abreast of new technologies and be part of a community with similar interests. Questions? Contact Section Coordinator Alisa Krewet by email at [AGKrewet@aoa.org](mailto:AGKrewet@aoa.org).

- ❖ AOA Contact Lens & Cornea Section
- ❖ AOA Sports Vision Section
- ❖ AOA Vision Rehabilitation Section



## AOA SECTIONS

# Volunteer and support your section in the AOA Central booth at Optometry's Meeting® and get a chance to win an iPad

**S**upport YOUR section by volunteering in the AOA Central sections booth at Optometry's Meeting® and be eligible to win an iPad!

How? Volunteer at the sections booth. Advocate for your section. The sections will provide talking points and an awesome incentive. For each hour volunteering in the booth, members will receive a raffle ticket toward an iPad 3. For every three AOA members signed up, the volunteer gets another raffle ticket.

When? Anytime during registration hours: Thursday, June 28 through Saturday, June 30.

Help grow the sections, and spread the word about the value of section membership!

Contact Melissa Flower at [mlflower@aoa.org](mailto:mlflower@aoa.org) for schedule availability or to learn more.

### CLCS programs/events

Register for the Contact Lens and Cornea Section (CLCS) Awards Reception using function code 0260. The reception is Friday, June 29 at 6:30 p.m.

Join the CLCS as it honors the 2012 recipient of the Dr. Donald Korb Award, Perry Rosenthal, M.D.

Sponsored by Alcon.

Also register for the CLCS Korb Award Lecture of Excellence using function code 3065. The lecture is Saturday, June 30 from 10 a.m. to noon.

This two-hour COPE-approved course will be presented by 2012 Korb Award recipient Dr. Rosenthal.

The Boston Foundation for Sight (BFS) is an internationally renowned non-profit eye health care organization founded in 1992 by

Dr. Rosenthal and is dedicated to restoring vision and improving quality of life for patients and their families.

It strives to transform complex corneal disease education, research, and treatment by using the unique optical benefits of rigid contact lenses in mask-

vision rehabilitation.

This forum is an open exchange of ideas regarding health care reform, practice regulations, state laws, reimbursement, and treatment options for the visually impaired population.

Registration is open to all VRS section members,

*Help grow the sections, and spread the word about the value of section membership!*

ing irregular astigmatism of eyes suffering from diseased corneas.

Dr. Rosenthal will share his vast experience as co-founder of Polymer Technology Corporation, now a subsidiary of Bausch + Lomb, where he led the development of the Boston Lens polymers and solutions and the patented spline based DTF™ CAD/CAM program that allows custom design capabilities currently being used by the BFS.

Don't miss the CLCS Annual Business Meeting on Friday, June 29 at 5 p.m.

The section business meeting will be open to all CLCS members and invited guests.

The CLCS membership will be updated on section business, vote on council nominees, and applaud the awardees.

### VRS programs/events

Register for the Vision Rehabilitation (VRS) Member Forum on Friday, June 29 from 2 p.m. to 4 p.m. using function code 0230.

The AOA VRS Member Forum provides an opportunity for discussion on current topics in optometric

state affiliate executive directors, and invited guests.

Don't miss the VRS Annual Business Meeting on Friday, June 29 from 5 p.m. to 6 p.m.

Come and learn first-hand about current and future section business plans. Interact with your council members and get an update on section business, and activities.

VRS members will vote on council nominees for the next year of service. This is open to VRS OD members and invited guests.

The VRS Reception will be Friday, June 29 from 6 p.m. to 7 p.m. Register for function code 0250.

The AOA VRS hosts this event annually for the practitioners, educators, and leaders, past and present, in the field of vision rehabilitation. This is a joyous atmosphere where friends and colleagues can socialize and catch up on the latest news and information in the vision rehabilitation field.

Registration is open to all VRS members and invited guests.

### SVS programs/events

The Sports Vision Section (SVS) will hold its

Annual Business Meeting Friday, June 29 from 5:30 p.m. to 6:30 p.m.

Come and learn first-hand about current and future section business plans.

Interact with council

members and get an update on section business, and activities.

SVS members will vote on council nominees for the next year of service.

This is open to SVS OD members and invited guests.



American Optometric Association  
Vision Rehabilitation Section

## AMD A to Z 2012 course schedule

PENNSYLVANIA OPTOMETRIC ASSOCIATION  
POA ANNUAL CONGRESS  
BEDFORD SPRINGS RESORT, BEDFORD, PENN.  
SPEAKERS: DAVID LEWERENZ, O.D.  
DIANE ALEXANDER, PH.D.  
MAY 19, 2012  
1:30 p.m. – 3:30 p.m.

WAL-MART ANNUAL HEALTH AND WELLNESS  
CONFERENCE  
SHERATON, DALLAS, TEXAS  
SPEAKER: DAVID LEWERENZ, O.D.  
DICK ROBERTS, PH.D.  
JUNE 11-13, 2012  
TIME TBD

SOUTH CAROLINA OPTOMETRIC PHYSICIANS  
ASSOCIATION  
105TH SCOPA ANNUAL MEETING  
MYRTLE BEACH, S.C.  
SPEAKERS: DAWN DECARLO, O.D.  
JUSTIN GREEN, PH.D.  
AUG. 24-25, 2012  
DAY/TIME TBD

NEW JERSEY SOCIETY OF OPTOMETRIC  
PHYSICIANS  
THERAPY BY THE SEA  
SHERATON ATLANTIC CITY HOTEL AND  
CONVENTION CENTER, ATLANTIC CITY, N.J.  
SPEAKERS: DAVID LEWERENZ, O.D.  
JUSTIN GREEN, PH.D.  
SEPT. 22, 2012  
10 a.m. – noon

For additional information contact Melissa Flower-  
[MLflower@aoa.org](mailto:MLflower@aoa.org). The schedule and presenters are  
subject to change.



## Location, from page 28

on the sites of chambers of commerce is based on census information. If this is the case, then a conversation with the chamber is recommended. The smaller the city, the greater the need to meet face-to-face. There should be an individual in charge of city development, and that individual is highly valuable in researching not only the current state of the city but also future development.

Key components of location analysis include:

- ❖ Decide where to practice (family considerations, school, church, job opportunities for spouse, small town, medical emphasis, vision therapy emphasis, etc.)
- ❖ After narrowing down the cities/towns to three or five, evaluate the number of surrounding ODs for your location
- ❖ The analysis should factor in the age of practicing ODs and any niche they may have. This will give you a clearer understanding of your competition. If five ODs are in the area, and they are all over age 60 and you are 28 to 32, you just found yourself a great practice opportunity.
- ❖ I would recommend starting with Google maps, searching “optometrists in city, state,” and then draw a three-mile, five-mile, and 10-mile radius around your location. Use a “screen capture” or clipping feature for the map. Evernote is a great tool for this. Also, there is a great free program called Skitch that works great for drawing on an image capture from your Internet browser of the map results of the city you searched.

Research demographics and population statistics to

## Market demographic resource for AOA members

The following resource is available to AOA members through the AOA's alliance partner Wells Fargo Practice Finance.

Get the latest local population and competitor statistics for your potential practice location from Wells Fargo Practice Finance. Our comprehensive Market Data Report provides current and relevant data about the area surrounding your practice location. This information can be very valuable in the selection, growth or sale of a practice, the development of a business plan, and the creation of a marketing plan. And it's free with your completed application.

All practice financing is subject to credit approval.

© 2012 Wells Fargo Bank, N.A. All rights reserved. Wells Fargo Practice Finance is a division of Wells Fargo Bank, N.A.

keep in mind include:

- ❖ The demographic information on the chamber of commerce website should indicate the population base within those various areas. The average household income and average age of the area are also key characteristics to match your interests and the best location. Then note how many ODs are practicing within your circles and compare population to the number of ODs.

A single full-time OD needs approximately 5,000 to 7,000 people to support the practice (according to “Business Aspects of Optometry”).

- ❖ The chamber website should also help with: average household income, schools nearby (age range of nearby schools, average age of children per household), residential or commercial area (patients like convenience), surrounding insurance plans utilized by companies

in area (email and/or visit human resource departments), age of practicing ODs in area (a 30-year-old optometrist attracts patients who are within 10 years of his or her age).

Starting a practice involves much more than picking the right location; however, the right location can and many times does increase the likelihood of taking your dream into a profitable reality.

My mother did not let me go to just any school when I was in second grade. She made sure I was at a school where I would have the greatest chance to grow and succeed.

Similar to my mother letting me go the first day of second grade, so also must you let go of the fear of starting a new practice.

If my mother had never let me go to second grade, my life would not have afforded the many opportunities that awaited me.

## Hall of Fame, from page 27

of Optometry.

Dr. Fontana continues to give back to optometry. In 2011, he established the “Dr. Frank & Mrs. Dorris Fontana Optometry” endowment scholarship at the University of Missouri at St. Louis.

## Thomas L. Lewis, O.D., Ph.D.

Dr. Lewis is a 1970 graduate of the Pennsylvania College of Optometry (PCO). He had various administrative and teaching positions at the college including dean of Academic Affairs.

In 1989, Dr. Lewis was named president of PCO. Under his leadership, the college grew to university status, including three different professional degree programs.

Dr. Lewis has served in leadership positions in nearly every national optometric organization. He served as president of the American Academy of Optometry, Partnership Foundation for



Dr. Lewis

Optometric Education, National Board of Examiners in Optometry and ASCO.

Dr. Lewis' achievements have impacted both the profession of optometry and patients around the world. In Europe, he has developed postgraduate programs in optometry and vision science.

He championed board certification for optometry, served on the Joint Board Certification Project Team and formulated the model that was implemented to bring board certification to the profession.

## Codeheads, from page 30

Economic and Clinical Health (HITECH) Act incentive payments are nice, but you will be better off in the long run if you make a thoughtful choice first, even if it takes a little longer.

*Q: We're confused. Can fundus photos and retinal imaging be billed together at the same visit?*

A: Three answers for this one:

1. Yes, 92250 and 92133 or 92134 can be billed together on the same day, according to Medicare's Correct Coding Initiative, assuming you add the 59 modifier to the one with the lower relative value, the imaging.
2. No, some payers will not pay for both services when

billed on the same day, modifier or no modifier. In such cases, they normally pay the service with the higher relative value (in this example, 92250) and reject the other code.

3. When in doubt, have a heart-to-heart discussion with your patient. Explain the importance of doing both tests at this particular visit. Acknowledge the difficulties of knowing and abiding by all the rules for all insurers, including which services they cover and under which conditions. Have the patient sign an Advance Beneficiary Notice before doing the services, with the patient thus agreeing to pay if the insurer does not. Submit the claim and send the bill to the patient if the insurer does not pay.



<http://dori20-20tour.org/>

## The bottom line

# EHR incentives are opportunities for ODs

By J.R. Armstrong, CPA, and  
Jodi Permenter, CPA

The increased use of electronic health records, or EHRs, is poised to dramatically change the health care industry in the United States. An EHR is a digital record that is stored in a standard format that allows records to be shared across care providers. The implementation of EHRs is thought to improve the quality of health care by reducing medical errors and providing physicians with decision support.

Given the emphasis now being increasingly placed on EHRs by public and private health care systems, an electronic health records system is a purchase just about any optometric practice should be considering as a part of its capital improvements program.

In addition to providing a higher standard of care to their patients, early adopters of EHR technology can benefit from an incentive plan put in place by the American Recovery and Reinvestment Act of 2009. And as noted elsewhere in this edition of *AOA News*, those incentives can be substantial.

Any optometrist, who has not already done so, should consider how these government incentive programs are providing a unique opportunity to make this capital improvement affordable.

The Medicare Incentive Plan provides up to \$44,000 (\$63,500 for Medicaid Incentive Plans) over five consecutive years to practitioners who put an EHR system into "meaningful use" by Jan. 1, 2012. Practitioners who are located in a Health Professional Shortage Area can qualify for a 10 percent increase in incentive benefits.

The first step in taking advantage of the Medicare EHR Incentive Program is to determine if you are eligible for the incentive program. Practitioners can qualify as an eligible professional (EP), eligible hospital, or critical access hospital. Optometrists and

ophthalmologists qualify as eligible professionals. Optometrists are only eligible for the Medicare Incentive Plan. However, ophthalmologists are eligible for either the Medicare or Medicaid Incentive Plans if 30 percent or more of their patient volume is Medicaid patients.

Practitioners who are eligible for both plans may choose which plan they would

like to participate in when they register with the Centers for Medicare & Medicaid Services (CMS). Switching incentive plans is allowed only once after the first incentive payment is initiated.

Practitioners who are eligible for both plans may choose which plan they would

like to participate in when they register with the Centers for Medicare & Medicaid Services (CMS). Switching incentive plans is allowed only once after the first incentive payment is initiated.

*Any optometrist, who has not already done so, should now consider how these government incentive programs are now providing a unique opportunity to make this capital improvement affordable.*

like to participate in when they register with the Centers for Medicare & Medicaid Services (CMS). Switching incentive plans is allowed only once after the first incentive payment is initiated.

For more information about choosing the incentive plan that is right for you, see the resources at [www.cms.gov](http://www.cms.gov).

After you have determined your eligibility for the Medicare and Medicaid Incentive Plans, the next step is to register with the CMS. The date that registration is available can vary from state to state, but most states opened registration on Jan. 1, 2011.

You do not have to wait until an EHR system has been implemented in order to register. Eligible professionals will need their National Provider Identifier (NPI) and National Plan and Provider Enumeration System (NPPES) User ID and password (this is the same password used to access PECOS). If you do not have NPPES access information, you must request one from the CMS. To complete the request, you will need your NPI, Taxpayer Identification Number (TIN) and a copy of IRS Form CP-575.

The next step is to purchase and implement a certified EHR software system. A full list of certified EHR soft-

ware providers can be found on the CMS website. If you already have an EHR system, be sure to confirm that your software provider has been certified by CMS. If your EHR system is not certified, it could be missing certain functionalities that are required to receive incentive payments.

As always, implementing a new software system will take time, and may reduce productivity in the first few months of the transition, so it is best to plan ahead. Your software provider will be able to offer you tips to smooth the transition.

The fourth and most difficult step is achieving "meaningful use" of the EHR system. The American Recovery and Reinvestment Act of 2009 gives three specific components to meaningful use: (1) the use of a certified EHR system in a meaningful manner, (2) the use of certified EHR technology for electronic exchange of health information to improve the quality of health care, and (3) the use of EHR technology to submit clinical quality measures.

The act gave the CMS the responsibility for developing specific measures of meaningful use. The CMS has created a three stage system for measuring meaningful use. Stage 1 applies to 2011 and 2012 adopters. Stages 2 and 3 will be implemented in 2013 and beyond, and will build upon the requirements set up in Stage 1.

Stage 1 includes 25 objectives, of which 20 must be met in order to qualify for the incentives. The 25 objectives are divided into a set of 15 required core objectives and 10 menu set objectives (of which five must be met). One of the

15 core objectives is meeting Clinical Quality Measures (CQM). A CQM is a mechanism used for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in an optimal timeframe. Eligible professionals must meet three required core CQM measures and three additional measures from a menu set of 38 CQM

measures.

Complete lists of all meaningful use objectives and CQM measures are available on the CMS website.

In order to receive payment, you must meet all of the meaningful use requirements for the reporting period. For the first year of participation in the incentive program, the reporting period is 90 consecutive days. This means that those initiating their meaningful use effort in 2012 must have implemented an EHR system well before Oct. 1, 2012, so as to be able to find a 90-consecutive-day period of meaningful use (called a reporting period) by Dec. 31, 2012.

For practitioners in any year after their first year, the reporting period is a full calendar year. Those who earned incentive payments for meaningful use in 2011 must demonstrate meaningful use for the entire year of 2012 and every year thereafter.

Entering the EHR incentive program and achieving meaningful use during the first two years (2011, 2012) of the program is critical. The maximum incentives available through the program will be reduced each year thereafter.

For practitioners who implement EHR systems by 2013, the maximum incentive

payment drops to \$39,000 (over four consecutive years). By 2014, the total available incentive is \$24,000 (over three consecutive years).

Practitioners who do not meet the meaningful use requirements until 2015 do not qualify for any incentive payments through the Medicare EHR Incentive Plan (practitioners participating in the Medicaid EHR Incentive Plan can initiate participation through 2016 to receive benefits), and Medicare payment adjustment penalties will be assessed on practitioners who have not established an EHR system by 2015.

The final step to qualify for your incentive payments is to attest that you meet the meaningful use requirements for the reporting period through the CMS Registration and Attestation System.

In 2011, the attestation process will be relatively simple. However, in 2012 the attestation process is expected to require additional documentation and support.

In order to complete the attestation process for 2011, providers will fill in numerators and denominators or exclusions for each of the meaningful use objectives and Clinical Quality Measures. For example, one of the core objectives is that an active medication allergy list is kept for 80 percent of patients. In this case, the denominator would be the number of patients seen by the EP during the reporting period, and the numerator would be the number of patients who have at least one entry in their medication allergy list (or an indication that the patient does not have any known medication allergies). The fraction that results must be 80 percent in order to meet the objective.

Some of the objectives require a yes or no answer rather than a numerator and denominator. These objectives generally require that the prac-

*see Opportunity, next page*



## Opportunity,

from page 37

tioner perform a test of the EHR system. For example, the EHR system must be capable of electronically exchanging key clinical information among providers of care.

The practitioner must perform at least one successful test of this function during the reporting period in order to answer "yes" and meet the objective. Eligible professionals must have completed their 2011 attestation by Feb. 29, 2012, in order to receive their incentive payment.

After successfully completing your attestation, you will receive your incentive payment in eight to 10 weeks in the same way you receive

your payments for Medicare services.

One thing you need to keep in mind is that any money you receive for implementing your EHR will be taxable income to you.

For instance, an OD who is in the 25 percent federal bracket and 5 percent state bracket can expect his or her \$44,000 incentive to net \$30,800 after taxes.

If you are a health care provider, now is the time to implement your EHR system, so do not wait!

The implementation process can be time-consuming, so starting the process early is critically important. Do

not procrastinate! Get the most out of your new EHR system by claiming the early adopter incentives in 2011 or 2012.

*Armstrong is a partner in the firm of May & Company, LLP. Permenter is a member of the professional staff. The firm consults with ODs in 30 states, assisting with their tax planning and preparation, QuickBooks support, and business planning. May & Company has offices in Louisiana, Mississippi, and Alabama. Armstrong can be reached at 601-636-4762 or by email at jarmstrong@maycpa.com.*

## 2nd-year EHR incentives require year-long use

Health care practitioners who successfully attested compliance with Medicare standards for the "meaningful use" (MU) of electronic health records (EHR) last year, and thereby qualified for bonuses under the 2011 Medicare Electronic Health Records Incentive program, will have to meet Medicare EHR utilization criteria all year long if they want to qualify for incentives again in 2012, according to the AOA Health Information Technology (HIT) Subcommittee.

"While practitioners in their first year of participation need only maintain compliance with specified EHR utilization criteria for 90 consecutive days over the course of a calendar year to qualify for the Stage 1 Medicare EHR incentives that were available in 2011, they must meet specified utilization criteria continuously for 12 months to qualify for the 2012 their second year of participation," said Dr. Gross.

Practitioners can earn up to \$18,000 for meeting EHR use requirements during their first year in the Medicare incentive program, up to \$12,000 for meeting requirements during a second year

in the program, and as much as \$8,000 for meeting requirements during subsequent years in the incentive program.

The Medicare EHR Incentive Program runs from 2011 to 2016. Health care practitioners can qualify for incentives for up to five consecutive years. Practitioners who fail to meet EHR utilization requirements by 2015 will be subject to Medicare fee reductions.

"Optometrists who met Medicare Meaningful Use EHR standards during the first year of the incentive program should continue to meaningfully use EHRs for all patients so they do not fall behind on compliance during years two-through-five of the program," Dr. Gross said.

"Beyond that, optimum use of electronic health records is important in ensuring patients get appropriate care" Dr. Gross said. "It is also an important way to prepare a practice for emerging coordinated care models and new pay-for-performance reimbursement systems that will rely on data generated by EHRs."

For additional information, see the AOA website EHR page ([www.aoa.org/ehr](http://www.aoa.org/ehr)).

## Hopping,

from page 1

surprising that the AOA has its first father/son presidents."

In addition to his father, Dr. Hopping's wife, Desiree Hopping, O.D., and son Reed are also part of the optometric tradition. Their youngest son Grant is also considering optometry as a career.

Dr. Hopping currently serves as the AOA president-elect and has been the leader in reorganizing the AOA volunteer community in order to more effectively serve our members.

He has also served as chair of the Information & Member Services Group, the AOA Communications Group Advisory Committee, and the Practice Perpetuation Project Team (Practice Transitions Program). While an optometry student he worked in the AOA Washington office for several months.

He oversaw the development of the AOA Dr. Locator program to enable the public to find AOA member doctors and was instrumental in expanding the Save Your Vision celebration into a month-long media event.

Dr. Hopping is a past president of the Texas Optometric Association (TOA). In 2002, he was recognized as the Texas Optometrist of the Year. Dr. Hopping has been actively involved with the TOA Legal and Legislative Team that successfully passed expanded scope of practice and contact lens prescription release legislation while defending optometry's legislative gains.

An honor graduate of the Southern

California College of Optometry, Dr. Hopping has served as a full-time faculty member with the rank of assistant professor at the University of Houston College of Optometry (UHCO) where he received the Outstanding Faculty Award. He is an adjunct associate professor at UHCO. He received his Master of Public Health from the University of Texas in 1982.

Dr. Hopping is recognized as a Distinguished Practitioner by the National Academies of Practice in Optometry and was elected to its executive committee. He is a Fellow of the American Academy of Optometry and is also a Diplomate in Cornea and Contact Lenses. He was chair of the Academy's Scientific Exhibit Committee and has served on the Academy's Annual Meeting Committee and Nominating Committee.

Dr. Hopping is in full-time primary care optometric group practice with his spouse, Desiree, in Houston, Texas. The Hoppings have two children, Reed, who is attending the University of Houston College of Optometry, and Grant, who attends Rice University.



## New ways to connect with AOA...

[www.facebook.com/american.optometric.association](http://www.facebook.com/american.optometric.association)

[www.twitter.com/aoanews](http://www.twitter.com/aoanews)

[www.youtube.com/aoaweb](http://www.youtube.com/aoaweb)



# AOA announces launch of online point-of-care tool

The AOA is pleased to announce that members have access to an advanced point-of-care tool called Ophthalmic Resources On-Demand, the AOA's online resource service for its members. Ophthalmic Resources On-Demand, different from any other health care Web service available today, is a novel and comprehensive tool that delivers immediate access to an ever expanding offering, such as pharmaceutical product prescribing information, patient education on products and medical conditions, coupons, patient assistance programs and other resources for provider and patient success in managing medical conditions.

Newly available on the enhanced platform are more than 10,000 commercially available products, covering classes both within and outside of eye care. Members will also have the ability to connect with industry and peers, participate in market research and easily find clinical trials suitable for their patients by searching the largest U.S. clinical trial database with an easy-to-use search interface.

Coming soon will be a free, cutting edge e-prescribing platform.

Always available on the home page of the AOA website ([www.aoa.org](http://www.aoa.org)), Ophthalmic Resources On-Demand provides a single place for members to find a full array of available product resources, easy to search and easy to order, all at no cost. This "one-stop shop" for resources also provides members significant time savings that they would otherwise spend browsing and surfing the web for suitable resources for their patients.

"Members will ultimately have access to more of the resources manufacturers offer," said Geoffrey Goodfellow, O.D., AOA Practice Advancement Committee member.

Ophthalmic Resources On-Demand works by connecting AOA members to the resources they want, when and where they want it. It is designed to create an unbiased, no-cost community for doctors of optometry. It's a solution to the challenge of efficiently aligning available resources.



American Optometric Association  
Member Advantage

## Ophthalmic Resources On-Demand

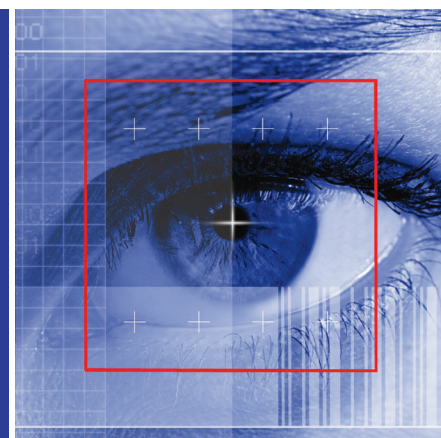
Get quick, easy access to valuable pharmaceutical product resources



Try it free at [www.AOA.org/OROD](http://www.AOA.org/OROD)

## Electronic Health Records for Optometry 2012

Navigating Meaningful Use, Quality Reporting, and e-Prescribing with EHRs



With the American health system rapidly adopting both advanced information technology and pay-for-performance reimbursement systems, the American Optometric Association, in collaboration with state affiliates, supports practicing optometrists in the implementation and use of Electronic Health Records (EHRs).

Optometrists today must adopt EHRs and related technology, embrace meaningful use and e-prescribing, to be an integral part of the health care system of the future. Taking advantage of Health Information Technology (HIT) incentives and understanding how HIT will ultimately provide the infrastructure for pay-for-performance reimbursement programs in the future will help keep their practice financially viable.

The AOA's 2012 EHR Preparedness Program for Optometry offers practical guidance on EHR implementation through:

- EHR Software Selection and Implementation, an entry-level HIT course for optometrists who plan to implement EHR technology in the coming months. (2 hour COPE -PM)
- EHR Incentive Programs and Meaningful Use Update, a more advanced course for practitioners who have already implemented EHRs, or will soon, are now preparing to take part in the Medicare or Medicaid EHR incentive program. (2 hour COPE -GO)
- Physician Quality Reporting System (PQRS) and e-Prescribing Made Easy course explaining PQRS and e-prescribing and how you can implement these systems in your practice and participate in the Medicare PQRS and e-Prescribing incentive program. (2 hour COPE -GO)

Each 2-hour course is COPE approved; may be used by paraoptometrics toward CPC certification renewal.



American Optometric Association

Visit [www.aoa.org/ehr](http://www.aoa.org/ehr) to view a list of courses offered at state optometric association meetings during 2012.

Attend the AOA's EHR Lectures on Wednesday, June 27 at the 2012 Optometry's Meeting® in Chicago. Visit [www.optometrymeeting.org](http://www.optometrymeeting.org) to register for the meeting and select courses 0875 and 0880.

The AOA's 2012 EHR Preparedness Program is generously supported by:







Abbott Medical Optics

Alcon

Allergan

Bausch + Lomb

CooperVision

Essilor of America

HOYA Vision Care

Johnson & Johnson  
Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.**

## Industry Profile: Alcon

As the global leader in eye care, Alcon's mission is to provide innovative products that enhance quality of life by helping people see better. This mission means that Alcon's more than 23,000 associates strive to make significant contributions to preserve, restore and enhance vision.

Through the merger of Novartis and Alcon, uniting the strengths of Alcon, CIBA VISION and Novartis Ophthalmics into one eye care business, Alcon has become the second largest division of Novartis. With these collective resources and scale, Alcon now offers the widest spectrum of eye care products in surgical, pharmaceutical and vision care across 180 markets and runs operations in 75 countries.

Alcon has nearly 2,000 people dedicated to research and development around the world working to address the world's most pressing eye care needs. Alcon products and technologies address growing clinical problems in areas, such as cataracts, glaucoma, retinal diseases, refractive errors, ocular allergies, dry eye, infection and inflammation, and many other eye care needs.

Additionally, Alcon has a strong commitment to its partnership with eye care professionals and humanitarian organizations to embark on medical missions and other activities that address preventable blindness in the world's most fragile communities.

### Research and development

With the largest corporate research and development commitment of any eye care company worldwide, Alcon is currently developing products to treat cataracts, glaucoma, age-related macular degeneration, retinal diseases, dry eye, infection, inflammation, ocular allergies, refractive errors and other ocular health issues. Additionally, the CIBA VISION research and development capability expands Alcon's product development focus into contact lenses.

In 2010, Alcon spent nearly \$750 million on research and development, an increase of more than 12 percent over 2009. Over the next five years, Alcon plans to invest approximately USD 4 billion to drive research and new product development in eye care. With the merger into Novartis, Alcon has gained access to additional research capabilities and resources, including the Novartis Institutes for BioMedical Research, to accelerate product innovation for the eye.

### Corporate social responsibility

Alcon is dedicated to reducing the incidence of preventable blindness worldwide. Alcon, together with the Alcon Foundation, donates over \$60 million in both cash and in-kind products to charitable activities annually, including patient access assistance programs for low-income patients and more than 1,000 medical missions in more than 100 countries that restore vision to those without access to eye care services.

Alcon also supports ongoing medical training in the latest eye care technologies by supporting more than 200 training locations around the world, most of them based in emerging markets. In addition, Alcon minimizes the impact of our manufacturing operations on the environment with programs such as Product Return & Recycle, Material Declaration, Life Cycle Analysis and Product Stewardship.

For more information, visit [www.alcon.com](http://www.alcon.com).

## Xperio® Transitions® performance sunwear now available in polycarbonate

**K**Bco and Transitions Optical, Inc. announced Xperio® Transitions® performance sun lenses are now available in a polycarbonate offering.

The polarized sun lenses adapt to changing light conditions, improve contrast and reduce blinding glare from sunlight reflected by objects, water or snow.

Xperio Transitions performance lenses are available in single vision prescriptions ranging from -10.00 to +6.00 in gray and are ideal for outdoor activities such as fishing and water activities, running, hiking and mountain biking.

"By expanding the availability to a polycarbonate product, we're providing the benefits of a polarized photochromic, but with added safety benefits in a light-

weight, impact resistant material," said Rick Piper, senior vice president, sales and marketing, KBco.

"Xperio Transitions sun lenses are already a popular, fantastic product for fishing and water activities," said Grady Lenski, global director, Transitions sunwear. "By expanding availability to a polycarbonate – we can further build the audience and provide more people an adaptive sunwear option to help them pursue their passion."

Polycarbonate lenses are ideal for high-impact sports as they are made from a tough, lightweight plastic. The lenses are thinner than most plastic lenses and are impact resistant, while still protecting against harmful ultraviolet (UV) rays by blocking 100 percent of UVA and UVB rays.

## Keratoconus webinars extended

**A**lden Optical, Inc., manufacturer of custom + specialty soft and GP contact lenses, announced it will extend its series of NovaKone™ webinars through the end of the month to address the ongoing interest in this new soft lens for keratoconus.

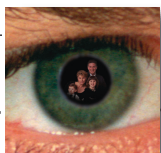
"Participation in these informational webinars has been really strong and to makes sure practitioners have access to this resource going forward, we have extended the series through May," said Tom Shone, president, Alden Optical.

These comprehensive webinars cover lens design, patient selection and fitting philosophy, ensuring that participating practitioners are successful with this novel new lens.

To register for a NovaKone introductory webi-

nar, practitioners may visit [www.aldenoptical.com/novakone](http://www.aldenoptical.com/novakone) or contact Alden Optical directly.

NovaKone is a novel new soft lens option for patients with keratoconus and other irregular corneas. At the core of NovaKone™ is a lens design that offers the comfort and ease of fit associated with soft lenses. The lens employs a sophisticated posterior design to neutralize irregular astigmatism and optimize physical fit. Front surface toricity is then applied to correct for residual regular astigmatism, while Alden Optical's proprietary Dual Elliptical Stabilization™ ensures excellent rotational stability. The company offers a comprehensive fitting guide and consultation to aid in first fit selection and refinement. Diagnostic fitting is critical to success and sets are available at a nominal fee.



# New survey reinforces need to educate consumers on lens material options

A new national research study sponsored by PPG Industries reaffirms that, while consumers are interested in a lens that provides a combination of desirable attributes, they are unfamiliar with their choices. Results suggest patients would benefit

to a lack of awareness about lens material options in general, with nearly 67 percent of respondents reporting that they didn't know which lens material was used to make their eyeglasses. When asked to name as many lens materials as possible, consumers were primarily only familiar

followed by price (20 percent).

Despite the importance placed on these factors, however, most respondents (90 percent) said they would defer to their eye care professional's lens material recommendation.

The survey findings also

In order to assist eyecare professionals in educating patients about lens materials, PPG developed the Trivex material e-learning program. Available at [www.PPGTrivex.com/education](http://www.PPGTrivex.com/education), this resource provides a user-friendly overview of various aspects of Trivex material, including performance benefits, dispensing tips, compatibility with other lens designs and enhancements, and the business advantages of offering lenses made with Trivex material. The e-learning program concludes with an inter-

active quiz to reinforce learning, and is currently available in 13 languages. In addition, PPG offers an ABO-accredited course on Trivex material.

Trivex lens material is available from leading lens manufacturers, such as Younger Optics, Hoya, Essilor, Carl Zeiss Vision, X-Cel Optical, Augen Optics and others. More information about optical materials and products from PPG is available at [www.ppgopticalproducts.com](http://www.ppgopticalproducts.com), or from Nathan Troxell at 724-325-5168 or [troxell@ppg.com](mailto:troxell@ppg.com).

*Nearly 38 percent of respondents agreed that a combination of lens attributes – such as clearest vision, thinness, light weight and impact resistance – was most important when selecting a lens, followed by price (20 percent).*

from further education on the part of their eye care professional, especially because most would ultimately defer to their eye care professional's recommendation when selecting a lens material.

"As a leader in optical lens material technologies, we believe it is critical to understand how consumers interpret the information about lens materials that they receive from their eye care professionals," said Christine Camsuzou, PPG general manager of optical materials. "The lens material is the foundation of the lens. It plays an important role in helping eye care professionals offer their patients a more complete eyewear experience, by complementing advanced lens designs, treatments and coatings to provide the clearest, most comfortable vision and protect vision for a lifetime."

Compared with a similar survey of adult eyeglass wearers sponsored by PPG in 2007, the new survey of 500 eyeglass wearers found the majority of consumers have become even more focused on their frame selection than their lenses (84 percent vs. 78 percent in 2007).

The research also pointed

with glass (21 percent), plastic (18 percent) and polycarbonate (11 percent). There was little awareness about newer materials – even when presented with several of them in a follow-up question – and numerous non-lens materials were also named, such as metal and titanium. Further demonstrating the confusion about lens materials, respondents also mentioned lens treatments and lens designs when asked about lens materials, including photochromics, anti-reflective coatings and progressives.

However, the research also showed that while consumers aren't familiar with specific lens material options, they expect a lot from their lenses, with 71 percent saying that it is important to them that their eyeglasses are made with the most advanced lens technology. When prioritizing the most important attributes of an eyeglass lens, on average, respondents ranked clearest vision the highest. In addition, nearly 38 percent of respondents agreed that a combination of lens attributes – such as clearest vision, thinness, light weight and impact resistance – was most important when selecting a lens,

reinforced that, in terms of most valued lens material attributes, price has not surpassed lens material features and benefits in the minds of consumers, Camsuzou added.

"These new research findings remind us that eye care professionals are in a powerful position to use their unique relationship with their patients to educate them about exciting lens technologies," said Nathan Troxell, global marketing manager, optical materials, PPG Industries. "This includes discussion of options such as Trivex material, which can provide a true value to patients through its unique combination of the most desirable lens attributes while serving as a perfect foundation for other advanced lens options such as digital surfacing, glare-free and Transitions lenses."

Without proper education, many consumers may mistakenly believe that all materials provide the same features and benefits, Troxell noted. An overwhelming majority (90 percent) of respondents said knowing some lens materials provided clearer vision than others would influence their decision.

## TVCI adds new features to ODLean consulting website

The Vision Care Institute®, LLC, announced a series of improvements to its ODLean™ Consulting Program website ([www.ODLean.com](http://www.ODLean.com)), including new features and easier navigation.

The ODLean™ Consulting Program applies lean principles for eye care practitioners to grow a practice's patient base and manage patient flow for optimal retention, referral and revenue.

ODLean™ offers customized solutions to any-sized eye care practice that will increase productivity, improve patient experience, and boost profits immediately and sustainably.

Visitors to the website are able to learn about ODLean™ product offerings, read published articles, and view videos and client and patient testimonials.

Linked to social media sites Facebook® and YouTube®, the ODLean™ website connects visitors to the latest findings and trends from ODLean™ experts on the topics of productivity, marketing and patient experience.

In addition, the site provides information about upcoming events and conventions ODLean™ will be hosting or attending, and features a client portal, which houses business analytics and is accessible to current ODLean™ customers and alumni.

"ODLean.com offers an information portal for eye care practitioners to learn how to improve patient experience, increase patient traffic, staff satisfaction, and practice productivity, and ultimately realize greater profitability," said Scott Lovin, general manager, ODLean™ Consulting.

For more information, visit [www.ODLean.com](http://www.ODLean.com).





## MEETINGS

### May

MICHIGAN OPTOMETRIC ASSOCIATION ANNUAL MEETING & SPRING SEMINAR  
May 9-10, 2012  
Devos Place/Amway Grand, Grand Rapids, MI  
Amy Possavino  
517/482-0616  
FAX: 517/482-1611  
amy@themoa.org  
www.themoa.org

PACIFIC UNIVERSITY, COLLEGE OF OPTOMETRY  
COEUR D'ALENE CONTINUING EDUCATION  
May 11-12, 2012  
Coeur d'Alene, ID  
Jeanne Oliver  
503/352-2740  
FAX: 503/352-2929  
Jeanne@pacificu.edu  
www.pacificu.edu/optometry/ce

CE IN ITALY  
May 16-18, 2012  
Cinque Terre and the Italian Riviera  
James L. Fanelli, O.D.  
910/452-7225  
jamesfanelli@CEintItaly.com  
www.CEintItaly.com

NOVA SOUTHEASTERN UNIVERSITY ANNUAL MAY EYE CARE CONFERENCE & ALUMNI REUNION  
May 18-20, 2012  
Fort Lauderdale, FL  
954/262-4224  
oceaa@nova.edu  
http://optometry.nova.edu/ce/index.html

WEST VIRGINIA ASSOCIATION OF OPTOMETRIC PHYSICIANS MID YEAR SEMINAR  
May 18-20, 2012  
Resort at Glade Springs, Daniels, WV  
304/720-8262  
exec@wvaop.org  
www.wvaop.org

CE IN ITALY  
May 20-22, 2012  
Tuscany Immersion: Castiglion Fiorentino  
James L. Fanelli, O.D.  
910/452-7225  
jamesfanelli@CEintItaly.com  
www.CEintItaly.com

### June

WESTERN UNIVERSITY, COLLEGES OF OPTOMETRY & PODIATRIC MEDICINE  
"ESSENTIALS IN EYE CARE"  
BOARD CERTIFICATION EXAM PREPARATION AND CONTINUING EDUCATION  
June 1-3, 2012  
Western University, College of Optometry, Pomona, CA

909/706-3493  
ceoptometry@westernu.edu  
http://www.westernu.edu/optometry/continuingeducation

REGIONAL CLINICAL SEMINAR  
"MAXIMIZING STEREOPSIS IN PATIENTS WITH STRABISMUS OR AMBLYOPIA"  
June 2-3, 2012  
Gainesville, VA  
Tod Davis, O.D., Diane Serex-Dougan, O.D.  
ddavis@verizon.net or  
dr.diane@verizon.net

OEP CLINICAL CURRICULUM HOSTED BY NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY  
VT/LEARNING RELATED VISUAL PROBLEMS  
June 6-10, 2012  
Ft. Lauderdale, FL  
Theresa Krejci  
800/447-0370  
theresakrejcioep@verizon.net

GEORGIA OPTOMETRIC ASSOCIATION ANNUAL MEETING  
June 7-10, 2012  
Hammock Beach Resort, Palm Coast, FL  
Vanessa Grosso  
800/969-0060  
www.goaeyes.com

JOINT CONFERENCE ON THEORETICAL AND CLINICAL OPTOMETRY  
June 8-10, 2012  
Forest Grove, OR  
Sally Corngold  
smcorngold@oep.org

TROPICAL CE  
June 7-17, 2012  
Scotland Golf  
www.tropicalce.com  
sautry@tropicalce.com

UTAH OPTOMETRIC ASSOCIATION ANNUAL CONVENTION  
June 7-10, 2012  
Zermatt Resort, Midway, UT  
Clive Watson  
uoa@xmission.com  
utaheyedoc.org

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY  
19TH ANNUAL OCULAR DISEASE UPDATE  
June 8-10, 2012  
Chateau on the Lake Resort Spa & Convention Center, Branson, MO  
918/444-4033  
Beason01@nsuok.edu  
http://optometry.nsuok.edu/ContinuingEducation.aspx

VIRGINIA OPTOMETRIC ASSOCIATION ANNUAL CONVENTION  
June 22-24, 2012  
Williamsburg Lodge  
Williamsburg, VA  
Bruce Keeney

804/643-0309  
www.thevoa.org

OPTOMETRY'S MEETING  
June 27-July 1  
Chicago, IL  
www.ototmetrismmeeting.org

AOA 2012 ELECTRONIC HEALTH RECORDS PREPAREDNESS PROGRAM FOR OPTOMETRY  
June 27, 2012  
Optometry's Meeting - Chicago, IL  
Register for courses 0875 and 0880  
www.optometrismmeeting.org

AOA PRACTICE PATHWAYS - PREPARING FOR YOUR TRANSITION!  
June 28, 2012  
Optometry's Meeting - Chicago, IL  
Register for courses 1043 and 1083  
www.optometrismmeeting.org

AOA OPTOMETRY'S CAREER CENTER  
June 29, 2012  
Optometry's Meeting - Chicago, IL  
Register for course 0205  
www.optometrismmeeting.org

### July

TROPICAL CE  
July 1-8, 2012  
Bahamas  
www.tropicalce.com  
sautry@tropicalce.com

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY  
ADVANCED PROCEDURES - LASER THERAPY FOR THE ANTERIOR SEGMENT AND SURGICAL PROCEDURES FOR THE OPTOMETRIC PHYSICIAN  
July 6-8, 2012  
Northeastern State University, Oklahoma College of Optometry, Tahlequah, OK  
918/444-4033  
Beason01@nsuok.edu  
http://optometry.nsuok.edu/ContinuingEducation.aspx

Nova Southeastern University  
Therapeutic Pharmaceutical Agents Certification/Board Review Course  
July 8-18, 2012  
Fort Lauderdale, FL  
954/262-4224  
oceaa@nova.edu  
http://optometry.nova.edu/ce/index.html

INDIANA OPTOMETRIC ASSOCIATION SUMMER SEMINAR  
July 11, 2012  
Ritz Charles Conference Center  
Carmel, IN (Indianapolis)  
Bridget Sims  
317/237-3560  
blsims@ioa.org  
www.ioa.org

**Save the date!**



**Optometry's meeting®**

---

**JUNE 27 - JULY 1, 2012**  
**CHICAGO**

**Forum on Ocular Disease**

**October 6-7**  
**18 COPE/Florida hours**  
**The Castle Hotel Orlando, Florida**  
**Melton & Thomas Deepak Gupta Kimberly Reed**  
**education@psseyecare.com**  
**www.psseyecare.com**

COLORADO VISION SUMMIT  
July 12-15, 2012  
The Steamboat Grand  
Steamboat Springs, CO  
1-877-691-2095  
cvsummit@visioncare.org  
www.visioncare.org

OEP/SCO CONFERENCE  
CLINICAL VISION CARE (CCVC), SOUTHERN COLLEGE OF OPTOMETRY  
July 13-15, 2012  
Memphis, TN  
OEP or Howard Bacon  
949-250-8070  
hbbacon@familyoptometry.net

NORTH DAKOTA OPTOMETRIC ASSOCIATION ANNUAL GOLF OUTING & CE  
July 13, 2012  
Hawktree Golf Club, Bismarck, ND  
701/258-6766  
Toll Free 877/637-2026  
FAX: 701/258-9005  
ndoa@btinet.net  
www.ndeyecare.com

NATIONAL OPTOMETRIC ASSOCIATION ANNUAL CONVENTION  
July 18-22, 2012  
Toronto, Canada  
877/394-2020  
Noa.2020@yahoo.com  
www.nationaloptometricassociation.com

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY  
2012 VICTORIA CONFERENCE  
July 18-22, 2012  
Inn at Laurel Point  
Victoria, BC, Canada  
Jeanne Oliver  
503/352-2740

Jeanne@pacificu.edu  
www.pacificu.edu/optometry/ce

OEP CLINICAL CURRICULUM, SOUTHERN COLLEGE OF OPTOMETRY  
VT/Visual Dysfunctions  
July 19-23, 2012  
Memphis, TN  
Theresa Krejci  
800/447-0370  
theresakrejcioep@verizon.net

Northern Rockies Optometric Conference  
July 20-22, 2012  
Jackson, Wyoming  
Coby Ramsey, O.D.  
cramsey@wyoming.com

IOWA OPTOMETRIC ASSOCIATION  
IOWA OKOBOJI OPTOMETRIC MEETING  
July 20-22, 2012  
The Inn  
3301 Lake Shore Drive  
Okoboji, IA 51355  
712/332-2113  
877/265-4386  
www.theinnatokoboji.com

FOUNDATION OF VISION THERAPY, PART 11  
July 27-29, 2012  
Franklin, TN  
Theresa Krejci  
800/447-0370  
theresakrejcioep@verizon.net

SACRAMENTO VALLEY OPTOMETRY SOCIETY  
TAHOE SEMINAR  
July 27-29, 2012  
North Lake Tahoe  
Hyatt Regency Hotel  
Incline Village, NV  
jerryue@svos.info  
www.svos.info



## August

SOUTHWEST FLORIDA  
OPTOMETRIC ASSOCIATION  
EDUCATIONAL RETREAT 2012  
August 3-5, 2012  
South Seas Island Resort  
Sanibel Island, FL  
Brad Middaugh, O.D.  
239/481-7799  
swfoa@att.net  
www.swfoa.com

KEY WEST EDUCATIONAL  
CONFERENCE THE FOUNDATION  
FOR OCULAR HEALTH  
August 10, 2012  
Key West, Florida  
Gloria Ayan  
gayan@araneye.com  
305/491-3747

NOVA SOUTHEASTERN  
UNIVERSITY  
SUPER SUNDAY #1  
August 19, 2012  
Orlando, FL  
954/262-4224  
oceaa@nova.edu  
optometry.nova.edu/ce/index.html

IDAHO OPTOMETRIC PHYSICIANS  
ANNUAL CONGRESS  
Featuring Drs. Paul Karpecki, Charles  
Brownlow & Nathan Lighthizer  
August 23-25, 2012  
The Grove Hotel  
Boise, ID  
Randy L. Andregg, O.D.  
208/461-0001  
randregg@vision-1.com

SOUTH CAROLINA OPTOMETRIC  
PHYSICIANS ASSOCIATION  
105TH SCOPA ANNUAL  
MEETING  
August 23-26, 2012  
Myrtle Beach Marriott Resort & Spa  
at Grande Dunes  
Myrtle Beach, SC  
Jackie Rivers/Anna Straub  
877/799-6721  
info@sceyedoctors.com  
www.sceyedoctors.com

## September

MIDDLE ATLANTIC OPTOMETRIC  
CONGRESS  
September 6-9, 2012  
Doubletree Hotel and Convention  
Center, Monroeville, PA  
Barry Cohen, O.D.  
barryc51@gmail.com

OEP CLINICAL CURRICULUM  
THE ART & SCIENCE OF  
OPTOMETRIC CARE-A BEHAVIORAL  
PERSPECTIVE  
September 6-10, 2012  
Grand Rapids, MI  
Theresa Krejci  
800/447-0370  
theresakrejcioep@verizon.net

COLORADO VISION TRAINING  
CONFERENCE  
September 7-9, 2012  
Estes Park, CO

NOVA SOUTHEASTERN  
UNIVERSITY  
FALL CONFERENCE  
September 8-9, 2012  
Fort Lauderdale, FL  
954/262-4224  
oceaa@nova.edu  
http://optometry.nova.edu/ce/index.html

NORTHEASTERN STATE  
UNIVERSITY, OKLAHOMA  
COLLEGE OF OPTOMETRY  
FALL PRIMARY EYE CARE UPDATE  
September 8-9, 2012  
Northeastern State University,  
Oklahoma College of Optometry,  
Tahlequah, OK  
918/444-4033  
Beason01@nsuok.edu  
http://optometry.nsuok.edu/ContinuingEducation.aspx

NORTHEAST CONGRESS  
September 9-10, 2012  
Westford, MA  
Kathleen Prucnal, O.D.  
978/597-5227  
drkaprucnal@msn.com

ENVISION CONFERENCE 2012  
September 12-15, 2012  
Hilton St. Louis at the Ballpark  
St. Louis, MO  
info@envisionconference.org  
www.envisionconference.org

South Dakota Optometric Society  
Fall Conference  
September 13-14, 2012  
Hilton Garden Inn, Sioux Falls, SD  
Deb Mortenson, Exec. Dir.  
605/224-8199  
Deb.mortenson@pie.midco.net  
www.sdeyes.org

CE IN ITALY  
September 14-16, 2012  
Florence, Italy  
James L. Fanelli, O.D.  
910/452-7225  
jamesfanelli@CEinItaly.com  
www.CEinItaly.com

SOUTHWEST COUNCIL OF  
OPTOMETRY  
SWCO MEETING  
September 14-16, 2012  
InterContinental Hotel, Addison, TX  
Niki Bedell, M.P.H.  
713/743-1856  
FAX: 713/743-6541  
www.swco.org

VERMONT OPTOMETRIC  
ASSOCIATION  
ANNUAL MEETING  
September 14-16, 2012  
Basin Harbor Club, Vergennes, VT  
David J. DiMarco, O.D.  
802/524-9561  
FAX: 802/524-6060  
djd@nveyecare.net

CE IN ITALY  
September 18-20, 2012  
Tuscany Immersion: Castiglion  
Fiorentino  
James L. Fanelli, O.D.  
910/452-7225  
jamesfanelli@CEinItaly.com  
www.CEinItaly.com

NEBRASKA OPTOMETRIC  
ASSOCIATION  
FALL CONFERENCE  
September 21-23, 2012  
Younes Conference Center  
Kearney, NE  
noa@AssocOffice.net  
Nebraska.aaa.org

CENTRAL PENNSYLVANIA  
OPTOMETRIC SOCIETY CE  
FORUM XVI  
Featuring Melton and Thomas  
September 23, 2012  
The Hotel Hershey  
Hershey, PA  
Mary Good, O.D.  
cposrsvp@gmail.com

ILLINOIS OPTOMETRIC  
ASSOCIATION  
ANNUAL CONVENTION  
September 28-30, 2012  
Crowne Plaza Hotel, Springfield, IL  
800/933-7289  
www.ioaweb.org



**Sept. 12-15, 2012**  
**Hilton St. Louis at**  
**the Ballpark**  
**St. Louis, MO**

**info@envisionconference.org**  
**www.envisionconference.org**

NORTH DAKOTA OPTOMETRIC  
ASSOCIATION  
109TH ANNUAL CONGRESS &  
EXHIBITION  
September 30 - October 2, 2012  
Ramkota Hotel, Bismarck, ND  
701/258-6766  
Toll Free 877/637-2026  
FAX: 701/258-9005  
ndoa@btinet.net  
www.ndeyecare.com

## October

OHIO OPTOMETRIC  
ASSOCIATION  
EASTWEST EYE CONFERENCE  
October 4-7, 2012  
Public Auditorium, Cleveland, OH  
Linda Fette  
800/999-4939  
linda@ooa.org  
www.eastwesteye.org

PSS EYECARE  
PSS 2012: FORUM ON OCULAR  
DISEASE  
October 6-7, 2012  
The Castle Hotel, Orlando, FL  
education@psseyecare.com  
www.psseyecare.com

Michigan Optometric Association  
44th Annual Fall Seminar  
October 10-11, 2012  
Lansing Center, Lansing, MI  
Amy Possavino  
517/482-0616  
FAX: 517/482-1611  
amy@themoa.org  
www.themoa.org

VIRGINIA OPTOMETRIC  
ASSOCIATION  
FALL CONFERENCE  
October 13-14, 2012  
Lansdowne Resort  
Leesburg, VA  
Bruce Keeney  
804/643-0309  
www.thevoa.org

IOWA OPTOMETRIC  
ASSOCIATION  
IOWA HAWKEYE INSTITUTE  
October 18-19, 2012  
Cedar Rapids Marriott  
Cedar Rapids, IA  
319/393-6600  
800/396-2153  
www.marriott.com/hotels/travel/cid  
mc-cedar-rapids-marriott/  
or www.marriott.com

## November

OEP CLINICAL CURRICULUM  
VT/STRABISMUS & AMBLYOPIA  
November 1-4, 2012  
Western University College of  
Optometry, Pomona, CA  
Theresa Krejci  
800/447-0370  
theresakrejcioep@verizon.net

CALIFORNIA OPTOMETRIC  
ASSOCIATION  
MONTEREY SYMPOSIUM  
November 9-10, 2012  
Monterey Marriott Hotel & Conf.  
Center  
Will Curtis  
916/266-5037  
wcurtis@coavision.org

PACIFIC UNIVERSITY, COLLEGE OF  
OPTOMETRY CE CHARLESTON  
November 9-10, 2012  
Doubletree Suites, Charleston, SC  
Jeanne Oliver  
503/352-2740  
FAX: 503/352-2929  
Jeanne@pacificu.edu  
www.pacificu.edu/optometry/ce

FELLOWSHIP OF CHRISTIAN  
OPTOMETRISTS, INTERNATIONAL  
23RD ANNUAL EDUCATIONAL  
CONFERENCE  
November 9-11, 2012  
Abe Martin Lodge, Brown County  
State Park  
Nashville, IN  
850/530-9626  
foreknown@aol.com  
www.fcoint.org/services/annualConference.html

NOVA SOUTHEASTERN  
UNIVERSITY  
SUPER SUNDAY #2  
November 11, 2012  
Orlando, FL  
954/262-4224  
oceaa@nova.edu  
http://optometry.nova.edu/ce/index.html

OEP CLINICAL CURRICULUM  
VT/VISUAL DYSFUNCTIONS  
November 29-December 3, 2012  
Grand Rapids, MI  
Theresa Krejci  
800/447-0370  
theresakrejcioep@verizon.net

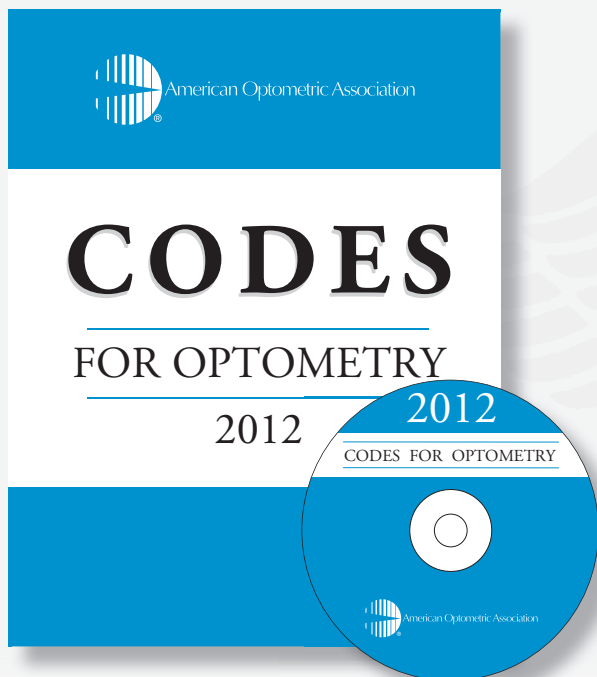
**For featured calendar**  
**events, email**  
**t.peppers@elsevier.com.**

**To submit standard items**  
**for the meetings**  
**calendar, send a note to**  
**eventcalendar@aoa.org.**

**Please allow several**  
**months' lead time.**



# NEW 2012 CODING BOOKS!



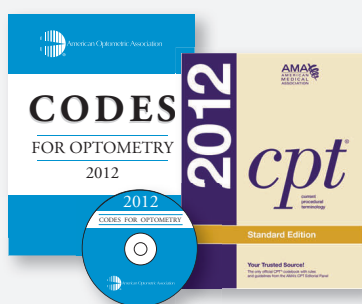
***“Electronic media are wonderful, but sometimes it’s good to be able to get answers right out of a book. AMA’s Current Procedural Terminology and AOA’s Codes for Optometry for just \$140 year? The biggest bargain in eye care!”***

***– Charles B. Brownlow, OD, AOA Coding and Medical Records Consultant***

## The two-book set includes:

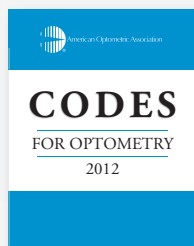
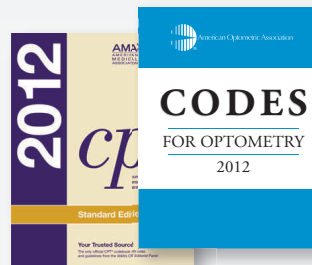
- Current Procedural Terminology
- ICD-9-CM – International Classification of Diseases (abridged for eye care)
- The CMS Documentation Guidelines for the Evaluation and Management Services
- The Healthcare Common Procedure Coding System

**\*\*ALL CRITICAL TO DOCTORS AND TO KEY STAFF ASSIGNED TO REVIEW PATIENTS’ MEDICAL RECORDS AND SUBMIT CLAIMS FOR SERVICES.\*\***



**Item# ODE13-ALL**  
(Both books plus CD of Codes for Optometry)  
Special Member Price \$165.00

**Item# ODE13**  
(set of both books)  
Special Member Price \$140.00



**Item# ODE13-1**  
(Codes for Optometry book only)  
Special Member Price \$75.00

**Item# ODE13-CD**  
(Codes for Optometry CD only)  
Special Member Price \$75.00



**Item# CPT**  
(CPT book only)  
Special Member Price \$75.00

(Price does not include shipping and taxes where applicable.)

**Save your practice money.**

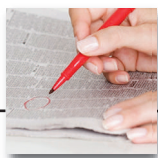
**Be current with today’s codes.**

**TO ORDER:**

**BY PHONE: 1-800-262-2210**

**ONLINE: [www.aoa.org/onlinestore](http://www.aoa.org/onlinestore)**

**FAX: 314-991-4101**



## SHOWCASE



### FERRIS STATE UNIVERSITY

#### OPTOMETRY FACULTY (12-MONTH FULL-TIME, TENURE TRACK)

The Michigan College of Optometry at Ferris State University invites applications for a full-time tenure track position available immediately.

At the time of appointment, applicant must hold a Doctor of Optometry degree (O.D.); and applicant must have completed an accredited optometric residency, or have an equivalent degree or equivalent experience in patient care. The successful applicant will assume duties in patient care and teaching in the clinic, classroom, and laboratories. Opportunities to develop in the area of clinical administration are also available. It is preferred for the applicants to have experience working within a team teaching environment. The applicant will be expected to develop in the areas of patient care, teaching, scholarly/professional activities, and leadership.

Applicants should demonstrate experience and interest in clinical and didactic instruction in primary care optometry with an emphasis in teaching basic and advanced medical/optometric procedures.

The Michigan College of Optometry offers a collegial environment and excellent career development opportunities for faculty at all career levels. Salary and academic rank is dependent on qualifications, experience and evidence of an ability to develop in the applicant's area(s) of interest.

To apply, access the electronic applicant system by logging on to <http://employment.ferris.edu>.

Review of applications will begin immediately and continue until the positions are filled.

*Ferris State University is sincerely committed to being a truly diverse institution and actively seeks applications from women, minorities, and other underrepresented groups.  
An Equal Opportunity/Affirmative Action employer.*

Save the Date!  
[www.gwco.org](http://www.gwco.org)

Online Registration Opens May 1, 2012

## IGNITING OPTOMETRY CONGRESS

**gwco 2012**  
September 27 - 30 Portland OR

59 Hours of Cope Accredited OD CE \* 29 Hours of Allied Professional Credit Hours

### Red & Green Wrap Around Glasses

**NEW!**



- No side light interference
- Stylish attractive Design

- Child and Adult sizes
- Very competitively priced

Visit our new website-  
search "15316"

**GuldenOphthalmics**  
time saving tools  
800-659-2250 [www.guldenophthalmics.com](http://www.guldenophthalmics.com)

Grab the attention  
of the healthcare  
professionals  
you need to reach  
with a classified ad  
in next month's

### AMERICAN OPTOMETRIC ASSOCIATION NEWS

To place an ad,  
call or Fax Traci Peppers  
at  
(212) 633-3766  
Fax  
(212) 633-3820  
E-mail:  
[t.peppers@elsevier.com](mailto:t.peppers@elsevier.com)



### Meet Me in St. Louis!

**Envision Conference 2012**  
September 12-15

Hilton St. Louis at the Ballpark  
St. Louis, Missouri

#### Excellence in Education

Learn from leaders in the field  
of low vision rehabilitation and  
research and earn valuable  
continuing education credits

**Register by June 29**  
**and save \$100!**

*Envision Conference 2011 was approved for  
78 hours of COPE continuing education.*

**Envision  
CONFERENCE**

A multi-disciplinary low vision  
rehabilitation & research conference

[www.envisionconference.org](http://www.envisionconference.org)



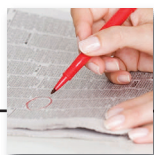
### FACULTY POSITION AVAILABLE IN OPHTHALMOLOGY/OPTOMETRY

The UCLA Jules Stein Eye Institute and Department of Ophthalmology are seeking an Assistant Professor or Associate Professor specializing in contact lens care for routine fits as well as for those suffering corneal irregularities, especially keratoconus. Responsibilities will include management of a specialty contact lens practice including staff, finances, coding and billing. The faculty member will also be expected to maintain an active academic research program and teach ophthalmology residents, fellows and optometry fellows the principles and practice of contact lens fitting at the Jules Stein Eye Institute. For optometrists, contact lens residency or fellowship training is preferred. Ophthalmologists must be board certified or eligible to be considered. All interested ophthalmologists and optometrists should send a curriculum vitae, the names of three references and a letter describing interests and accomplishments to:

**Anthony Aldave, M.D.**  
Chair of Search Committee  
Jules Stein Eye Institute  
100 Stein Plaza  
Los Angeles, CA 90095-7000

*The UCLA Jules Stein Eye Institute and Department of Ophthalmology are an affirmative action, equal opportunity employer. The Department is particularly interested in candidates who have experience working with trainees of diverse backgrounds and a demonstrated commitment to improving access to healthcare. Candidates should describe previous activities mentoring women, minorities, students with disabilities, and other under-represented groups. The University is responsive to the needs of dual career couples.*





## SHOWCASE



**NORTHEASTERN**  
STATE UNIVERSITY

[www.optometry.nsuok.edu](http://www.optometry.nsuok.edu)

### THE OKLAHOMA COLLEGE OF OPTOMETRY

is accepting applications for two full-time faculty positions. Experience in full-scope Primary Care is required. One position is tenure eligible and will include classroom and clinical teaching duties. The second position is a non-tenure track position with responsibilities for providing direct clinical care and clinical teaching. Applicants' qualifications must include the O.D. degree and eligibility for licensure in **Oklahoma**. Preference will be given to applicants with advanced academic degrees, residency training, extensive clinical experience, or teaching experience. The positions will be open until filled.

To apply for a faculty position using our online application system, please use the following URL: <https://nsuok.peopleadmin.com/>

Three letters of reference should also be sent to:

Michelle Welch, O.D.  
1001 N. Grand Ave  
Tahlequah, OK 74464  
[welchr@nsuok.edu](mailto:welchr@nsuok.edu)

Ref: Position # EOOO2015 and #PPCN2001

Questions concerning the positions may be directed to Dr. Welch.

NSU is an Affirmative Action/Equal Opportunity Employer.

## SOUTHWEST FLORIDA EDUCATIONAL RETREAT August 3 - 5, 2012



### SOUTH SEAS ISLAND RESORT *Captiva Island, Florida*

#### Education

Transcript Quality - 6 Hours • Continuing Education - 12 Hours  
Total Hours 18 • 16 Hours Cope Approved

#### Program / Speakers

Paul Karpecki, O.D., F.A.A.O.	6 hours TQ/CE
Kim Reed, O.D., F.A.A.O.	6 hours CE
April Jasper, O.D., F.A.A.O.	2 hours CE/EMR
Dave Woods, O.D., F.A.A.O.	2 hours CE Medical Errors
Ron Foreman, O.D., F.A.A.O.	2 hours CE Optometric Jurisprudence

#### Information

Brad Middaugh, O.D.  
1537 Brantley Rd., A-2  
Fort Myers, Florida 33907  
Phone: 239-481-7799  
Fax: 239-481-3739  
E-mail: [swfoa@att.net](mailto:swfoa@att.net)

#### Registration

Prior to July 10, 2012  
A.O.A members - \$380  
Non-members - \$480  
**Register on line at:**  
[www.swfoa.com](http://www.swfoa.com)  
After July 10th add \$50  
to ALL registrations

**Hotel Reservations:** Toll Free - 1-888-707-7888

## Save The Date

17th Annual Key West Educational Conference  
August 10th & 11th, 2012

The Foundation for Ocular Health  
in Conjunction with

ARAN EYE ASSOCIATES

IAN B. GADDIE, O.D., F.A.A.O.

"Ocular Surface Disease: Clinical Diagnosis and Management Strategies"  
"Glaucoma Update and Grand Rounds"

ANDREW S. MORGENSEN, O.D.

"Grace Under Pressure - Managing the Acute Glaucoma Patient"  
"Allergy and Inflammation - Where does one stop and the other begin?"  
8 Hours TQ CE COPE Approval Pending

CASA MARINA RESORT  
THE WALDORF ASTORIA COLLECTION  
1500 Reynolds Street  
Key West, FL 33040  
[www.casamarinaresort.com](http://www.casamarinaresort.com)  
1.888.318.4237



For more information contact: Gloria Ayan @ 305.491.3747 or E-Mail [gayan@araneye.com](mailto:gayan@araneye.com)



[optometry.nova.edu](http://optometry.nova.edu)

Nova Southeastern University College of Optometry is accepting applications for faculty positions in the areas of clinical primary care, low vision, and pediatrics/binocular vision services. Applicants' qualifications must include an O.D. degree from an accredited institution, ACOE accredited residency training, and eligibility for licensure or faculty certificate in Florida. Preference will be given to applicants with advanced degrees, extensive clinical experience, and teaching experience.

Questions concerning these positions as well as a current curriculum vitae, official transcripts of all degrees earned, and three letters of reference should be directed to:

Josephine Shallo-Hoffmann, Ph.D., Associate Dean for Academic Affairs  
Nova Southeastern University College of Optometry  
3200 South University Drive  
Fort Lauderdale, FL 33328  
Tel #: 954-262-1406  
Email: [shoffman@nova.edu](mailto:shoffman@nova.edu)

An official application should be made online at [www.nsujobs.com](http://www.nsujobs.com)

Nova Southeastern University is an Affirmative Action/Equal Opportunity Employer

## Continuing Education in Italy

2012 Conferences: Under the Tuscan Sun

Florence and Tuscany in September

12 or 24 hours of COPE approved CE

Great Lecturers and Up to Date Clinical Information

Great Combination of CE and Vacation

Visit the website for details [www.CEinItaly.com](http://www.CEinItaly.com)

REGISTRATION IS LIMITED REGISTER EARLY

Contact: Dr. James Fanelli [jamesfanelli@CEinItaly.com](mailto:jamesfanelli@CEinItaly.com)

910-452-7225



## CLASSIFIEDS

### Professional Opportunities

**Maximize your profits** by adding VT to your practice. OEP Clinical Curriculum Courses are the answer. Call 800 447 0370.

### SAN LUIS OBISPO COUNTY, CA- FULL-TIME OPTOMETRIST

Ophthalmology practice is seeking a dynamic, motivated, full-time optometrist with at least three years of experience. This is a multi-doctor, multi-office practice with diverse patient demographics, frequent exposure to pathology, and a high proportion of contact lens patients. This is an established MD/OD practice providing comprehensive eye care, LASIK and cataract surgery featuring the latest advanced implants; the latest treatments and surgery; including pediatric eye care to the most sophisticated diagnostic and therapeutic procedures. The practice is located in the beautiful, San Luis Obispo County; spread across the beaches, mountains, and valleys of this special part of the California Central Coast. Excellent compensation and benefits. Email CV to: estewart@paceyemd.com.

### Miscellaneous

#### DO YOU WANT MORE VISION THERAPY PATIENTS?

Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it...?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call 818-248-3823, ask for Toni Bristol.

**ALL STATES - PRACTICE SALES AND FINANCING.** FULL SERVICE GUIDANCE FOR SELLING, BUYING AND FINANCING OPTOMETRY PRACTICES. 100% FINANCING FOR PRACTICE ACQUISITIONS, START UP AND PRACTICE DEBT CONSOLIDATION. Call 800-416-2055 for complimentary consultation [www.TransitionConsultants.com](http://www.TransitionConsultants.com)

**I NEED FRAMES,** temples, bridges stamped 1/10th 12Kg.f. (GOLD FILLED). New, old stock, or Used. Full, Semi, or Rimless styles. Paying over \$500/lb. Contact GF Specialties, Ltd. 800/351/6926. [WWW.GFSPECIALTIES.COM](http://WWW.GFSPECIALTIES.COM)

**Quality Pre-Owned Equipment at Wholesale Prices-** Zeiss/Humphrey, Topcon, Reichert, Oculus, Haag-Streit with warranty for thousands less than new. We purchase equipment for cash/trade. Tired of waiting months for equipment? We only sell from inventory. **Precision Equipment (352) 207-6858, [www.precision-equip.com](http://www.precision-equip.com)**

### VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website ([www.vosh.org](http://www.vosh.org)) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

**All items may be shipped directly to:**  
VOSH INTERNATIONAL  
C/O VOSH-SE  
3701 SE 66th St  
Ocala, Florida 34480  
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [dpvc@juno.com](mailto:dpvc@juno.com) and/or [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

### Classified Advertising Information

Effective the January, 2012 issue onwards, Classified advertising rates are as follows: 1 column inch = \$75 (40 words maximum) 2 column inches = \$125 (80 words maximum) 3 column inches = \$165 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at [t.peppers@elsevier.com](mailto:t.peppers@elsevier.com) attention Tracie Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.



Your patients can  
**SAVE**  
UP TO \$100\*\*

On DAILIES® AquaComfort Plus® and FOCUS® DAILIES® Toric contact lenses.  
Visit [dailies.com](http://dailies.com) for more details.



## A fresh experience for about the same price.\*

With DAILIES® brand contact lenses, you can give your patients that new-lens feeling all day, every day, for about the same cost to wear as the leading 2-week replacement lens.<sup>1</sup>

A great price combined with outstanding comfort and built-in single-use compliance completes the DAILIES® brand experience.



**Great experience. Great price.**

\*For about the same cost as the leading 2-week lens, lens care, and the rebate included.

\*\*After manufacturer's mail-in rebate. Limited time offer. While supplies last. Must meet certain criteria to be eligible for full rebate.

See package insert for complete product information.

Reference: 1. Alcon data on file, 2011.

© 2012 Novartis 1/12

DAL12017JAD

**Alcon**®

Rx only



# Extreme measures shouldn't be necessary for all-day lens comfort



Scan & See The Latest  
Wetting Technology



**Alcon**

© 2012 Novartis 2/12 OPM12039JAD

**More moisture by design®**